Research Branch, Information and Education Section, Ho, MTOUSA 10 September 1945

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THIS STUDY WAS	MADE	 	

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INTRODUCTION

- l. This is one of two reports on various aspects of soldier information, attitudes, and behavior relative to the problem of controlling venereal disease. The second report (122 M-2) deals with the special problems presented by the Negro soldier.
- 2. It is expected and it is generally true that VD (venereal disease) rates rise when troops are at rest. The problem, therefore, becomes especially acute in periods when troops await demobilization or during occupation of enemy countries.
- 3. This report has been prepared to help those who plan for preventing VD by furnishing supplemental data to the data on VD rates, which they know so well.

HOW THE STUDY WAS MADE

- 1. The data upon which this report is based were obtained by means of questionnaires filled out anonymously by a representative cross-section of 1866 white enlisted men in the Mediterranean Theater during the period 15 June 4 August 1945 (shortly after VE day).
- 2. The sample was designed to give proper representation to all arms and services in each of the major commands. Men in Air Forces, Ground Forces, and Service Forces were included in the survey according to their proportions in the Theater as a whole. Troops were sampled proportionately on a geographical basis also (location within Italy, proximity to cities, towns, and rural areas) since it is known that VD in the Italian population varies geographically. Within each unit sampled, a random sample was drawn so that all types of men had a proportional chance of being included in the survey.
- 3. As in previous surveys of the Research Branch, the men were assured of anonymity. No names or serial numbers were placed on the questionnaires, and it was explained to the men that the purpose of the survey was principally to get their frank and honest opinions about one of the Army's most persistent problems.

VALIDITY OF THE LETHOD

The question inevitably arises as to whether the men will tell the truth about anything so intimate as frequency of sexual contact and thether they have ever contracted a venereal disease. Since questions on those two matters are the very heart of the present report, it is important to note thether there is any evidence showing that the men have indeed told the truth. There is one very important benchmark against which the work of this survey can be compared, namely, the Theater rates of VD as reported by unit surgeons for any given month or for the period of the study. It will be shown in Section 2 of the detailed findings that:

- (1) The frequency of VD as reported by the men in this anonymous questionnaire study is 57 cases per 1000 men per annum, which compares very favorably with the Theater rate of 60 as computed from medical reports for the Theater.
- (2) The rate of 4 cases of VD per 1000 sexual exposures as determined from this study can be combined with stated exposure rates and projected against Theater strength figures to predict quite closely the amount of VD that actually occurred in June, which is the last month covered by the survey.

Additional checks as to accuracy of the sampling procedures are routinely applied by the Research Branch against the official AGO statistics with regard to such characteristics reported by the men as their marital status, age, time overseas, time in the Army, Army rank or grade, and education. Then sampling is correctly applied there seldom arises a question here, for men do not hesitate to tell the truth about such presaic matters. The important point in this particular study was that of the validity of the men's answers to the "intimate" questions, and there seems to be little reason to doubt their answers on this score.

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I. MAIN FINDINGS

1. Frequency of Sexual Intercurse

...3 out of 4 of the men in this study (white EM only) have had intercourse in Italy (73%).

...the average frequency of intercourse among men the have intercourse is once or twice a month.

... there is no indication that they expect to reduce their frequency of contact, during their stay in Italy.

2. Sexual Exposure and VD

...15% of the men report that they have had one or more VD infections sometime in their life, with % reporting one infection or more since coming overseas (not necessarily Italy).

10.10% of the men who have been infected overseas have been infected more than once while overseas.

... approximately 4 cases of VD arise from each 1000 sexual contacts.

...men who thave most frequent intercourse have accumulated the greatest propertion of VD infections, but they have fewer infections per 1000 exposures than men who have least frequent exposure.

3. How Contacts are Made

... no one method for meeting women is outst adingly used.

...men who have most frequent intercourse are more likely to depend on themselves to make the contacts, while those who have less frequent intercourse tend to depend on an intermediary, such as another soldier or a pin

i..among men who have intercourse 72 per cent pay cash, 27 per cent pay nothing (but perhaps give gifts of rationed goods), and only 1 per cent say they pay with cigaretts, food, or clothing (summer of 1945).

...men who say they have most frequent intercourse are also those who are more likely to pay nothing.

4. Freventive Practices of the Men

...75 per cent of the men say they always use a condon, 48 per cent say they always go to a Pro Station, and 27 per cent say they always use a Pro-Kit or V-Packette.

- ...only 43 per cent always use both condom and Pro, while 4 per cent indicate that they "usually don't" or "never" use any precautions. The remainder have mixed prophylactic procedures.
- ...men who have most frequent intercourse are most likely to have poorest prophylactic habits.
- ...men who say they use both rubber and Pro report about 2.5 cases of VD per 1000 sexual contacts or exposures, while men who say they use prophylactics irregularly or not at all report about 5.5 cases of VD per 1000 exposures.
- ... because they have more frequent intercourse as well as because they use poorer prophylaxis, these latter man have accumulated relatively 5 times as much VD during their overceas tour.
- ...men who have had VD overseas are still the men most likely to report poor prophylactic habits, for only 20 per cent of them always use a rubber and Pro, as compared to 45 per cent for men who have not had VD.
- ... failure to use a Frc-Kit is not due to ignorance, for 95 per cent of the men who have intercourse say they know how to use a Pro-Kit.
- ... 75 per cent of the men say rubbers and Pro-Kits are available on a voluntary basis for men who want them, while 12 per cent say they must have supplies before going on pass,
- ...men who must carry supplies report better prophylactic practices and somewhat lower VD rates.
- ... some of the many respons offered for not using a condom are: a condom reduces the pleasure of intercourse, causes sking irritations, violates religious principles, or is sesthetically ugly.
- ...some of the reasons for not going to Pro Stations are: it's not necessary if you use a rubber, there often isn't enough time, "shack jobs" don't permit it, embarrassment, ferr of punishment or fear of physiological harm from the Pro itself.
- ... some objections to Pro-Kits or V-Packettes are: likelihood of self-injury such as sterility, the pain involved in using them, the materials are deteriorated in many cases, or they are massy.
- ...some objections to "sulfa" pills are: for of using a drug except by prescription, they are upsetting to the stomach, kidneys, and bladder, they merely delay or suppress VD symptoms and do not cure, or there is a danger that you will build up and immunity which will be regretted later.

5. Soldier Information about VD

...half of the men answered o or all 7 questions correctly on a VD factquiz, and 90 per c nt got 4 or more of the 7 correct, thus indicating a satisfactory grasp of the material.

...men who expose themselves most frequently to VD and those the have had VD overseas score just as high as other groups on the information test.

...a third of the men who have intercourse say they sometimes or usually "shack up" for the night; men who made the best scores are just as likely to shack up as those who made the worst.

...men who score lowest and men who score highest are equally likely to say they always a use a condom, Pro Station, or Pro-Kit.

6. Attitudes toward the VD Educational Program

...in spite of long service in the Army and many repetitions of the subject, 2 out of 3 mon rate current movies and talks on VD as <u>fairly</u> good or very good.

...93 per cent of the men have seen movies or heard talks on VD in the past 6 months.

...there is no evidence that <u>frequent</u> VD talks or movies cut down the exposure of men to VD when overseas.

...the great majority of men feel no need for further information on VD; only 13 per cent say there is note a bit they need to know about VD.

7. Background Characteristics of Men Tho Expose Themselves

...the majority of both single and married men have had intercourse in Italy, but more single men (78%) than married men (60%) have had sex relations.

...married mon, especially those with children, have had less VD while overseas.

...church membership in general is only slightly associated with abstaini from intercourse (10% difference). Among Protestant church member, 33 recent abstain while 20 per cent of Protestant non-church members abstain; 26 per cent of Catholic church members abstain, while 22 per cent of Catholic non-church members abstain. This is reflected in a slightly better VD record for all church members.

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- ... men who have attended college are more likely to say they have abstained than men onyany other educational level, and they have had less VD overseas.
- ...younger men account for an excessive proportion of the intercourse and VD among soldiers in Italy,
- ... rural and urban mon do not differ much in their overseas sex habits.
- ...the number of men who had sexual contact builds up directly with time overseas until we find 81 per cent of the men reporting intercourse while in Italy among thee who have been overseas 2 years or more.
- ... the average number of sexual contacts among those who have intercourse also increases with length of time overseas.
- ...the number of men with VD infections builds up, too, until we find 13 per cent of those oversess 2 years or more reporting an infection (Theater average is 8%).
- ...there is no observable relation between a provious record of combat and frequency of sexual contact at the time of this study, which was about 2 months after hostilities ended in this Theater.

8. Some Personality Factors and Their Relation to Somuel Exposure

- ... an unmarried man who says he is sure his sweetheart has stayed loyal is only slightly more likely than other unmarried men to remain continent while in Italy.
- ... 9 out of 10 men say they drink wine or liquor in Italy. The 90 per cent who drink also report more intercourse and more VD in Italy.
- ... men who drink most are more likely to report that they do not bother with usual prophylactic precautions.
- ...the problem of "not bothering with prophylaxis--drinking more than other men--having more intercourse" indicates a complicated personality situation rather than semething as simple as "no liquor no VD".
- ...men who have no intercourse say they fear VD for its possible consequences to loved ones, whereas men who have most frequent intercourse tend to rate fear of personal harm first.
- ... 90 por cont of the men say it's a man's own fault if he gots VD.

9. Selected Army attitudes in Relation to VD Problems

... only 15 per cent of the men display a sharp attitude of disapproval toward a soldier who contracts VD; the great majority excuse VD if an infected man goes on sick call right away.

...a third of the men say an infected man loses privileges or is penalized in some way of his CO.

...the men are split evenly on the question of punishing a man who contracts VD more than once, with 48 per cent in favor and 47 per cent against punishment even under these circumstances.

...men who get to town on a pass most frequently report neither more nor less intercourse than do others.

...men who get the most overnight passes report nore intercourse than other sen, and they are more likely to indicate that they stay overnight in Italian residences.

...men who reported most intercourse frankly say that the <u>usual</u> thing they do on a pass is look for a woman (63%) and some liquor (52%). Even among all men (these who have intercourse as well as those who do not), 31 per cent say they look for a woman and 40 per cent say they look for liquor as a <u>usual</u> activity.

... frequent dances and parties for the men in no noticeable way reduces the amount of sexual intercourse; in fact, there is a slight tendency toward more intercourse among men who have frequent dances and parties.

...in whover to a question on how best to improve leisure time activities men who have frequent intercourse request more bars, more dances, and more overnight places to stay, whereas men who have no sex relations in Italy vote for tours, school and job training, and clubs.

10. How the Men would Control VD

...a minimum of 31 per cent would have the Army frankly sanction prostitution and operate or control houses.

...30 per cent morely reiterate parts or all of the present Army prophylactic program then asked for suggestions on how best to control VD.

11. The Officer as an Example to His Men

... a number of men volunteered comments indiciting that lectures by officers who then violate the principles of VD prevention themselves or who in other ways violate AR's cause resentment toward the whole VD control program.

Note: The Conclusion to this report will be found on Type 71

II. DETATION PROPERCE

1. Frequency of Sexual Intercourse

Three white enlisted men out of 4 in this study state that they lave had sexual intercourse since they have been in Italy (73%). The problem of controlling veneral disease is obviously an energial on terms of the sheer exposure of our soldiers to it. 4

It must not be assumed from this that soldiers in all Theaters have equally high exposure rates. For instance, a study made by the Research Branch in CBI in 1944 should as low as 17 per cent of white MM in certain areas having had sexual intercourse since being in the Theater. Throughout this report, the caution must be borne in mind that these data are for MTCUSA only.

2. Frequency of exposure. The 73 per cent of the men the have had intercourse in its 1 men the name of the name of the first in the last 3 months, or more then once each month (1.75 times per month). One man in ten says in his relations to 1 st once per to a, a shown below:

Tuble 1

Question: "about how many times have you had sexual intercourse during the last 3 months?"

Per cent saying	Theater Average 100%	5th Arm Contactor 100%	AAF FBS 100% 100%	5th Army Service** 100%
At least once a week Three or four times a month	10	120	7 3	13
Once or twice a month	34	(39)	33 32	39
Less than once a month	21	14	26 24	18
Not since I've been in Italy	27	33	27 23	22

The exact wording of the check list is: No times to 11, 1 time, 2 or 3 times, 1 to 0 times, to 10 times, much time (onco : Jose). The group (27%) below the horizontal cross-line ruled timesolves out on a previous ruestion.

Fifth Army combat troops are defined in this study as those in Infantry, Field Artillery, Armored Force and Tank Destroyer units. All others are considered service troops.

Virtually SAI Negro EM (96 per cent) say they have had sexual intercourse in Itely (see Report 122 M-2).

The lower seguel intercourse rate among 5th army combat men is at least partly trace blood to the fact that, all the 3 menths referred to in the question covers a period when the men were completing the push that resulted in victory in Italy, and (2) they have been overse a shorter time.

b. Expectation of further execure. Two out of three men (67%) say that they expect to have intercourse or that they might have intercourse in the future while they are in Italy. With such a large proportion frankly stating the likelihood of further exposure, this is small comfort for those who must plan for VD control. PBS men were most likely to say that they expected to have intercourse while in Italy (74%), while 64 per cent of 5th Army combat men indicated that they probably would. Fifth Army service troops and make men stood between the others on this question (68% each)

As might be expected, men who reported nost sexual contact in the past are those who are most likely to say that they expect to have further contacts. Further analysis shows, the that not all of the 2" per cent who have remained continent in Italy to date plan to remain so. In fact 25 per cent of those who have had no sexual contacts in Italy to date say that they might before they leave Italy.

The foral turnoil of some of these men'the have abstrained is revealed in a freely written comment by a 24-year-old soldier who has been overseas almost 3 years. The says:

"The reason I haven't as jet nod intercourse is probably that it never bothered me in civilian life when school took up most of my time. I think around it a let over here are noder in the tell the radial about it. I'd like my first time to be 'nice'. Usually lose my nerve when I feel in the mood—arraid of sloubing it in. Don't say away from it as a subject of conversation, but think I'll let it go now that I might return to the States soon. Boy, am I glad ou don't ask for names!"

Others also indicate that they are growing older and feel they are missing something:

"Personall; , Ly years of the Army is enough for amone. I'd like to be a civilian and get married before it's too late;"

another man who was protesting against the Army's 'Off-limits' policy as a means of VD control added:

"'Keep it in jour pants' doesn't work after two jears away from home."

2. Sexual Exposure and VD

they have an inflation since coming oversess (not necessarily Italy).

Table 2

Men reporting one or more V) infections	umber of	Per cent
Total overseas infected men		(8.0)
Overseas only Overseas and in garrisons both Overseas and in civilian life Overseas, garrison, and civilian life	116 10 19 5	6.2 0.5 1.0 0.3
Total infected men prior to ov rseas		(7.1)
Garrison only Garrison and civiling life both, but not overseas Civilian life only	25 s 5 103	1.3 0.3 5.5
Men not infected or No answers* Total	1583 1860	<u>84.9</u> 100.0

^{*} Tris in the second of the man failed to answer the question. It cannot be assumed that these men are probably VD cases, since many of them show low levels of literacy.

Ten per cent of these men who report an infection thile overseas say they have been infected thile overseas more than once, with an average of about 1.2 infections in the men in the total number of oversess infections they report is converted into rates per 1000 men per annual, a rate of 57 is obtained which compares very closely with the Theater average rate of about 60 as computed from actual medical reports. This lends considerable confidence to the use of the present sample as being repre-

The survey rate of 57 cases of 70 per 1000 mer per annum was obtained by reducing the both and reduced the both and the both and reduced over the both and reduced the both and reduced over the per 1000 men. The Theater VD rate of 60 is a simple arithmetic average of the rates reported for the period January 1943 through June 1945, which covers the period of overses service for almost all of the men in the study. (To attempt was made in this study to differentiate between types of VD, nor were the men asked if they picked up several different types of VD on the occasion when they were infected.)

sentative of men in the The tor, and it indicates that the men feel free to report intim to problems and attitudes under the anonymous conditions provided in this survey. A further indication of sampling adequacy is shown by the fact that men of Fifth anny report fevest VD unfections, with AAF next and PBS highest. This is the same order as reported in the official medical statistics for previous mentics.

a. Maintain of the rate in. It ambosement in the representation to as of TD risin from a 1000 and 1 contacts over a s (with El unly).

Curiously enough, those the have the lest frequent sexual contects report the most VD while overse's per 1000 exposures (Table 3):

Tubl: 3

Frequenc, of intercourse in Italy	VD infections per 1000 exposures overseas
Less than once a month (Group II)* Once or twice a month (Group III) Three or more times a month (Group IV))	14 3 2
(Theater average) ** Group I consists of men who have had no intended and the constant of the	(4) creourse in Italy and is

Although the group that has most for quant cont of his a lover VD rate per 1000 exposures, it is true that they have accumulated somewhat more VD while overseas (T.bl. 3a).

Table 3a

Frequency of intercourse in It ly	infections reported
Less than once a month (Group II) Once or twice a month (Group III) Three or more times month (Group IV) * Total number of times infected divided of tot 1 When the Theater strength of approximately 385,000 June (period for which most of the men were referenced) is multiplied first by 73% (proportion the ond by 1.75 sexual contacts per man, and then by it is estimated that bout 1970 cases of VD should month in that period. In May and June, an average reported by unit surgeons, which is substantial particularly of exposure as reported by the men and per 1000 exposures are reliable.	white IM during May and ting frequency of sexual act have intercourse), sec- 4 c ses of VD per 1000, it by a ramong white EM for one of 1944 cases was actually roof thatboth the

Froportion of VD

This seems to indicate that here who expose themselves frequently are using prophylactic methods exportly enough to offset much of the denger to which they expose themselves repeatedly. An alternative interpretation is that men the are not in the low frequency groups for sexual intercourse (II and III) were "burned", as they say, by VD early in the game. Since then, they have reformed their sexual habits and as a result, they now have alow sexual contact rate, but their carlier habits resulted in the infections overseas which they report. A third interpretation is that a man who reports high frequency of intercourse has established relations with a girl or girls who have because dare clear because they did not infect him. He visits that reportedly, thus actually not exposing himself to VD more than the man who so he constant examinations with roman about whom he knows nothing.

Whatever the explanation, it is obvious from these data that men who have most frequent intercourse (Grow IV) do not have VD rates that are proportionally higher than those the report infr quent intercourse.

3. Ho: Contacts re Mad.

a. It ce. There is no one method or place for contacting tomen thich is outstandingly used, as shown by the men's answers to the question:

Table 4

Question: "Hot did you must the girl you last had sexual intercourse with?"

Proportion stying	Among non who resort inter- course in Italy
On the street Another soldier took he to her or should me	
where to so	
At an Army dance or party	
I found her house or spartment by myself	
Some Itulian kid or pimp took my to her or should	
In an Italian bar	
Some other way - Total	

There are differences by frequency of contact, however. Hen the report frequent intercourse (Group IV) are more likely to say they made the contact:

(1) On the struct.

(2) At an Army dance or party.

(3) I found her house or apertment by an self.

Men who seldom had intercourse in the previous three months (Groups II and III) are more likely to say that depended on an intermediary. They say:

- (1) another soldier took me to her or she do me there to go.
- (2) Some Italian kid or ping took me to her or showed me where to go.
- (3) In an Italian ber.

b. Method of payment. Seventy-two per cent of the men vio have intercourse say they usually a year for intercourse and 27 per cent say they pay nothing. Only I per cent say they pay with digarettes, food, or clothing at the time of this survey (Summer 1945). However, it is quit likely that many of those who say they pay nothing give rifts of digarettes (especially) or food or clothing, but they do not look upon this as a race arrangement. Rether the basis is that of a fewer for a favor.

Men who have intercourse frequently (Group IV) are nore likely to report that they pay nothing. This together with the fact that they are more likely to say they found her apprendint themselves indicates that they are somewhat more likely to have regularized their second behavior.

4. Preventive Fractices of the Mon

a. Ireferred a thods. There is no one preventive method used by all the men. Among men who have antercourse in Italy the condem is preferred, with secondary reliance placed on a visit to the Iro Station. The Fro-Kit is relatively unpopular:

Table 5

Per cent saying they use it	Condon	Facilities of a lao Station	
Always Usually About half the time Usually don't Rever Total	75% 16 4 3 2 100%	二段 24 11 9 - 100%	27% 18 11 15 29 100%

If the army standard, "Alvays use a rubber and always take a Pro", is really the requirement of adequate protection, then it is clear that a large part of men who have intercourse are not adequately protected. Then the answers are combined to show how any of the men use both a condom and a Pro (either the Kit or a visit to a Station), only all per cent say unequivocally that they use both procedures, while 4 per cent indicate that they "usually don't" or "never" use any of the three (first column of Table 6):

Table 6

Proportion who	Among all men the have intercourse	Group II	Group III	Group IV
Always use a rubber (75%)ND,				
always take a Pro Perhaps take a Pro Usually don't t ke a Pro	13\$ 25 7		455 26 7	26 7
May or may not use a rubber (2 AND,				
Always take a Pro Perhaps take a Pro Usually don't take a Pro Cotal	9 12 <u>4</u> 100%			12 2 11 100%

a/ ken who have not had intercourse in Italy and those few who did not answer the question bre omitted in parts a, b, and c of this section.

Len the are most active in seeking intercourse (Group IV) are obviously the V f man the r in the second of III is the second of the second of III is the second of III is the second of III in the second of III is the second of III in the second of III is the second of III in the second of III in the second of III is the second of III in the second of III in the second of III is the second of III in the second of III in the second of III is the second of III in the second of II in

From the above point of view, the men in Groupe II and III who have the vorst prophylactic practices are at least as much a concern to the Army and perhaps more so.

- b. Relation to VD. Conclusive statistics on the superiority of one prochallent transition of note and a superiority of one proposessitate the keeping of personal records or diaries for thousands of exposers under all the varying conditions which commont the soldier. On this basis, a count could be made of VD infections for the various prophylactic procedures. Some of the problems would be:
 - () That proportion of the work were infected?
 - (a) Was the value of prophytexis nultited by foreplay or afterplay with the genitals of bookissing, even though a prophylictic was used?
 - () Was the prophylactic correctly used?

In the absence of more conclusive data, the following table (Table 7) has been propered to sho this relations that abstained under the relatively uncontrolled conditions of this study. The data have three weaknesses that should be borne in mind in interprating the table:

- (1) It was assumed that a man had the same exposure rate per month during his entire stay in the Theotor as he reported for the 3 months just prior to the study. Thus undoubtedly results in an over-estimate of exposure, for it will be shown later that the rate of sexual contact increased with time overseas. This over-estimate tends to lower all the failure rates per 1000 exposures shown in Table 7, but, is not correctible without additional arbitrary assumptions.
- (2) Although the man now uses an aggreeved prophylactic, he may not have done so at the time he was infected, and therefore the case of VD is not a failure of the a proved procedure. (More will be said later on this.)
- (s) in men to a more of a proper stic, or millified it's effectiveness by kissing or other exposure.

With these limitations in mind, it can still be said that the double protection is clearly superior to any lesser measures:

Table 7

	VD infecti	ons per 1000 overse s
Among men who	Lhite Ed	Megro II.
Always use a rubber; lways use a Pro-Kit Always use a rubber; always go to a Pro-station	2.3* 2.6	3.8 5.2
Alvays use a rubber; may or may not take a Pro Alvays take a Pro (Station or Kit); may or may not use a rubber		7.2 11.1
May use a rubber, Pro St tion, Pro Kit, but have no set procedure Let or may not use anything * Based on less than 1000 anyosures	5 •5 5 •1	⊒1.3 _∪.8*

The Negro data are included in this table (generally they will be found only in the supplement, R part 122-1-2) to show the difference in the results of using stated prophyl ctic procedures when the sexual contacts are made under different sets of circ mattaces. The Hogro has access to the woman of Italy for sexual purposes, but, as the Regroes themselves point out, they have note that the only the secondary groups the probably are much less infected than the type of woman to is a prostitute. Consequently, then prophylaxis fails, mechanically or chemically, the Pegro's chances of infection appears to be about double that for white Hilli we can assume that both groups use the techniques about equally well.

The possibility that a man may have been using poor prophylaxis or no prophylaxis at the time he was infected was mentioned above. If he is now using the double preduction his a sufficient of the constituent of the data is therefore attenuated. While this is a real consideration, it can be shown that those men who have had VD overseas are still more likely to say that they use relatively poor prophylactic me sures (T blo 8). This is support for the point of view that the previous poor prophylactic habits of many of the man are persistant:

Table 8

	Among men who
Proportion who	Have not Have been had VD infected recession
Always use a rubber AND,	
Always take a Fro Perhaps take a Fro Usually don't take a Fro	45% 20% 25 28 7 5
they or may not use a rubber AID,	
Alvays toke a Pro Perhaps take a Pro Usually don't take a Pro Total	8 11 11 26 4 10 100% 100%

It has been shown that men who use poor prophylaxis have at least 2 or 3 times as much VD per 1000 exposures as men who use the double precaution. It has been shown, too, that men with the poorest prophylactic habits have relatively most frequent intercourse. As a result, they have accumulated much more VD during their overse s tour than have men with the best habits (or at least those men the report that they not take fould presention) (Table 2a):

Title Si

Among men tho	VD infections while overseask
Always use a rubber; always go to a Pro Station	5% 7%
Alveys use a rubber; may or may ot take a Fro Always take a Pro (Station or Kit); may or may no	13%
use a rubber	13%
May use a rubber, Tro Station, Fro Kit, but have set procedure May or may not use anything	no - 27% 35%**

^{*} Total times inflected divided by total men in group
** Besed on only 58 cases

- c. Innorance of technique for using Fre-Kit. Among men who have had intercourse in Ital, 95 per cent say they know how to use the Fro-Kit or V-Fackette correctly. Men he have had VD while overseas are as likely to say they know how to use the kit as other groups. It may be that they did not learn the correct technique until after co tracting VD, but this is not known.
- d. where they obtain prochelactic supplies. Three out of four ments of our can get prophylactic supplies at the orderly room or dispensary if you mant them, indicating that having a personal supply is generally a matter of choice. Only 12 per cent say everage must have onclosure me mass on pass, as shown below

Table 9

Question: "How do the men in your outfit usually get rubbers or individual Pro-kits or V-Fackettes?"

ler cent saling ...

You can get them at the orderly room or dispensary if ou	
vant them	75%
Everyone must have one before he goes on pass	12
Get them at a Fro Station	5
Buy them at the PK	3
Fro-Kits or V-Packettes re not available to len in my	
outfit	1
Don't know, or No answer	4
Total	100%

The proportions of men who say they must have a prophylactic supply before going on pass varies considerably by command tith 5th Army combat troops much more likely to say a supply is prerequisite to a pass:

Table 10

	a supply must be carried
5th Army combat	28%
PBS	
5th Army Service	
MAY	2

It is interesting to not that it is not only to the trooms, the more frequently must carry supplies, are also longet in matter of infections. However, they are the of time overseas, which becauses the suspected effectiveness of requiring a supply before living a man apass.

Evidence converges from to other angles, however, leading to a conclusion that there is a positive relation between requiring a supply then issuing a pass and superior prophylactic practices:

(1) Hen who say they must carry a supply are more likely to say they

always use a condon, or to t they always use a Iro-Kit.

(2) When the various military units in the survey were divided into "low", "medical". The "high" To outflits on the business and number of cases of VI) report by the unit surregns for the period January - May 1945, it was apparent that:

Len in units with low VD rates were more likely to say they had to

carry a supply then on pats.

(a) Hen in units with high VD rates were more likely to say that a supply was available if desired, or that they had to buy them in the PK.

Even if it should be true that sup lies need not be bought in IM's, the fact that 3 per cent of the in in the study think that such is the only source of supply is a point of the incommation that cannot be discussed. Several men wrote comments that they here enharms seed to buy such supplies from the girl clerks in the FM. A program of VD control cannot afford to have any men in a due to the FX as a source of supply or some dispensary which may be remote from the orderly room or which might require the use of precious pass time if one had to voluntarily seek it out before going on pass.

Requiring men to carry prophylactic supplies had no observable relation with the frequency with which they report sexual contacts. They have neither ore nor less than those the are not required to carry a supply.

- e. Finding a Fro Station. 94 or centrof the men who have intercourse say they can always or usually find a Fro Station easily in the city nearest their nutils. The station of the control of the same can easily find a Fro Station is finding a Pro Station is no great problem among the men.
- f. Reasons for not using co. does. The marker one reason in a wide variety or reasons who men do not use condons is that it takes the pleasure out of intercourse. In reponse to the question, "are there any reasons the jou would not use a condom (rubber)", they say:

"Yes, because it cuts direct contact with your partner."

"les, they are too much trouble and I don't enjoy my money's worth."

[&]quot;Yes, nost G.I. rubbers are so dean thick you can't enjoy yourself."

Others discuss the conformation on a wise-crack to the effect that win the discussion of the conformation of the conformation

Many men say the condom hurts or causes mechanical abrasions, for instance.

"In host cases a condom causes sores; it's irritable, that is in a case where it!s used frequently."

Another recurring complaint is that a conden and its use makes an aesthetically ugly situation. But only the men, but some romen do not tant the intrusion of condom-adjusting in the situation:

"Sex isn't Beautiful earing a rubber."
"Some rough rought let ou use them and it happened to me."

Some men point out that they won't use them for religious reasons:

"Because it is against my religion."
"Man wasn't made in the beginning to use them."

There is a vide scattering of other reasons, such as the following.

"At times I've been refused more than one ruber at a Fre-Station."
"G.I. condons are no good. Malf of their ust anyvar. Try one sometime."
"Keeps my panis from getting hard enough."

"Mine coles off most of the time an how before I can fingsh my intercourse."

"Takes too men that to put on on."

"I wouldn't use one if I could get to a Iro Station i mediately."

"A new drug is out taken internally, which is usually effective in killing garms which cause gomorrhes; used by the ang."

"Condoms are rationed to us so ou cannot get all you need at times."

At another point in the questionnaire, one can officered a point of advice for fellow soldiers and a suggestion for improving condens:

"All men labor under the interession that if no disease (venereal) shows up within two or three weeks fiter intercourse, they are without disease. I would like this fallact to be impressed on every soldier's mind. I continue the intercourse. I this k condoms should be made and furnished in smaller sizing penis is small. By venereal disease resulted because the condom came off."

g. Reasons for not going to Pre Station. One of the main reasons why men "would not go to a Pro Station" is because they don't think it is necessary or that a pro is futile. Typical comments are:

"I consider a condem sufficient protection. If it should break I would take a pro."

"I feel that if I catch anything drugs won't stop it any."

"I don't think it's a cossary if you got out of bod and wash with planty of soap and water ans use a rubber."

Another frequently mentioned reason is that the curfew catches them short of time, especially if they are spending the night ("shack job") with the girl:

"On a shack job, curfew will not allow me on the streets after 2300 hours which is usually prior to contact."

Going into a Pro Station or lining up in front of it, causes sufficient contarrassment for some men to cause them to say they would not use a Pro Station

"I would be ashamed to walk in one, mainly because they usually have quite a few man in them."

"I use V-pack. It is less embarrassing to me. Too much publicity to Pro-Station."

Some man for alleged consequences when Pro slips are returned to their outfits:

"Names are taken and returned to outfits, where man is due for a bust."
"In my outfit the pro-slips are sent down to the Orderly Room where they may be checked on. That's bad!"

"Yos, in my outfit they look at it as if turning in a pro slip was a crime."
"They take your name and enter it on the Service Record."

Physiological reasons, which is fact or myth, are frequently offered by these who would not use a Pro Station:

"It might make you storile."

"Bocause I coult take a pro, it causes a rach, prestate trouble,"

"Yes, sometimes the calenel eintment severely irritates the foreskin and head of penis."

"Too many times might prove harmful,"

Others object to the sanitary conditions of some Fro Stations or to the treatment they receive in them:

"Yos, in cases where the equipment might not be kept clean at all times."
"They don't give a damn - in Rame I had to give myself one with no assistance and didn't know correct procedure."

"Somotimes it is too far."

"Bochuse the torm I usually go to dos "" Pro Station."
"It takes the enjoyment out of it for me."

"A pro is kind of messy."

"If I know the girl well and the she kapt harself elemand I "ever enught anything from her."

"Mobody's business who I have hed intercourse with."

h. Hussens for let using a Pro-Kit. The Work worsen for not using a Pro-Sit or V-Packette is that a visit to the Pro Station makes than unnecessary. But among our who comment directly on Pro-Mits, there are certain sharp attitudes of dislike. For of self-injury lows strong at in the minds of sen wh don't like the Pro-Kits or V-Packattes.

Tes. I was told by a doctor that using them will make you storile. "The privative is injected up the penis course irritation for about 4 days."

"The old type is terture". It should be discentinued."

Many of those who wen't use the Pro- Kits suspect the value of the Kit as a proventative:

"Some Pro-Kits issued here have been proven ineffective because of deterior

"It's a nuisance and I've heard from doctors that it is not very effective.

Some find the Pro-Kits messy and hard on their clothing:

"None, except that it is king of messy." "Bad on the pants."

are associated, are those:

i. Rensens for not using "Sulfa" pills. The same were saked, "Are there may reasons why you would not use "Sulfa" pills (Sulf dinxito Pills) to help you keep from getting a venercal disease?" The most frequent response indicated that the men had a fear of self-medication:

"Self-treatment is never very good.""
"You should only use them when a doctor orders you to use them."

closely allied are comments to the effect that "sulfa" is a dangerous drug for various reasons, whether correct or fancied:

"Yes; they make me very sick."

"Yes, if they would make no break out like they do some soldiers."

"I don't bolieve they are good for your system if nothing is wrong with you."

"I would use them but in the wrong hands they can be very dangerous, can form kidney block."

"Sulfadiazine pills are very hard on the kidneys and also crystalize the bladder."

"T hey slow down your heart too much."

"I am allergic to them, they almost kill me."

Some men doubt the wisdom of using "sulfa" for vonercal disease. They say:

"I have been told that it doesn't cure you altogether, that it only stalls it off."

"They may hide any sign of the disease."

"Sulfa pills do nott prevent a venercal disease all the time."

"These pills are to be used as a cure, and not as a preventative."

Others foor that use of "sulfa" will build up an immunity to "sulfa" treatment which will be regretted;

"It is 0.K. to use 'sulfa' if you aren't going into combat soon. If you go into combat after taking quite a bit of sulfa your body may not respond to sulfa treatment of a wound."

"I don't care to use them too much, because I may build up an immunity to salfa."

Men on flying status frequently mentioned that flight surgeons restrict the use of "sulfa" for flyers:

"Only when on flying status. Fro Stations are directed not to give them to flying personnel."

"Not now but when we were flying, we were not permitted to use Sulfa prior to high-altitude flights,"

Some other comments that recurred are:

"If planty of water wasn't available I wouldn't use them."
"I don't like to take 8 pills every time you got layed, four treall right but the 88th gives 8 of them."

"T hey were never given to us -- until a man actually caught it."

5. Soldier Information About VD.

Porhaps the men who expose themselves frequently are ignorant of the basic facts about VD. If such a relation can be established, the Army educational program for VD might be directed toward supplying the needed information. However, the following data indicates that the sexual habits and practices of the men cannot be traced to a lack of information of the kind tested in this survey,

- a. Scores on information test. The fact is that half of the white EM get wither 6 or 7 questions correct on a 7 question VD test that was included in the questionnaire. Minety per cent of the men get at least 4 questions right. The questions, 5 of which were mulitple choice and 2 free answer, are given below with the percentages of men answering correctly:
- (1) "Which disuse couses a yellow, crommy has to come out of the penis?" (90% checked generates)
 - (2) "Which disease may cause insunity?" (89% checked syphilis)
- (3) "If a conden (rubber) is used, is it also necessary to take a Pro?" (87% checked yes)
- (4) "How soon should a soldier take a "Pro" after sexual intercourse for the "Pro" to do any good?" (87% wrote in either 1 or 2 hours)
 - (5) "Which discose causes a sere on the penis?" (88% checked syphilic
- (6) (a) "Have you heard or road about the new drug (penicillin) the is being used to treat, venercal disease?"
- (b) "So far as you know can it cure all cases of gonorrhea and syphilis?" (50% checked "you" to (a) and "no" to (b), which was considered the only correct combination. It is interesting to note that another 22% of the massaid that posicillin can cure all cases of VD. The remainder said they did not know.)
- (7) "If a soldier is going to have sexual intercourse, why is it become up" for all night?" (49% wrote in an answer to the effect that it's because you don't take a "Pro", or because you don't take a "Pro" in time to do any good. All other answers were considered incorrect, such as: because you're careless, excessive exposure, nore likely to get VD, atc. Since seme of these rejected answers, especially the answers that one exposes himself excessively to VD, have considerable merit, it can be said that the scoring was done on a rigorous basis).

The proportion of white EM getting each number of questions correct is as follows (Table 11):

Table 11

	ll 7 correct correct			18% 33
5	correct			29
4	correct			10
3	correct			6
2	correct			2
1	correct.			1
0	correct			1.
		Total		100%

It is clear that the men have a fairly good grasp of some fundamental facts about VD. The test merely samples the total information they have about VD, it is true, for it is obvious that many other questions could be asked about how to put on or take off a condom, the contents and use of Pro-Kits, the possibility of talling uninfacted first from infected ones by nor outward inspection, atc. A far as these seven questions are a sample of the facts which the men ought to k know, it can be said that the VD educational program of the Aray is afficient. It is doubtful if recruits or civilian males could do nearly as well as these everges veterans on this test, although contarable cores are not available.

- b. Relation of information to frequency of intercourse and VD. It is interesting to note that:
- (1) Men who expose themselves most frequently (G roup IV) score as high on the information test as those who have infrequent sexual intercurse or none at all (no difference g reater than 3 per cent in the proportion in each group that got 6 or all 7 answers correct).
- (2) Men who have had VD overseas score at least as high as those who have not (only 2 per cent difference in the properties getting 6 or 7 answers correct).
- (3) Men in units which had relatively high VD rates for the five menth period, January May 1945, score at least as high as units that had the lowest rates (only 4 per cent difference in the proportion getting 6 or 7 answer correct).

If we take the view that the men who score as low as 0, 1, 2, or 3 are the men to worry about, and analyze the data for them, the same story emerges; the men who expose he served that the test as other near. If the Army wishes to change the sexual habits of its men, pouring more information about VD into the does not seem to be the answer.

a. Rel tion of lafor atten series to specific some being or practices. Although information scores and frequency of intercourse or VD overseas show no direct relations, it is possible that certain specific habits or practices are tied to lack of knowledge.

"Shacking up" all night, for instance, is a practice that is said by medical nuthorities to be a source of excessive VD. This is due to the fact that many a the men do not take a Pro or fail to take it soon enough after the exposures, which may be multiple. Their answers to a specific question on "Shacking up" show that one man in three among those who have intercourse in Italy say that they senetimes or usually "Shack up" all night (Table 12):

Table 12

Question: "When you have sexual intercourse with a girl over here, do you usually "shack up" all night, or just stay for a short time?"

Por cont-caying they	Among those who have
Usually "shack up" all night	8%
Sometimes "shack up" all night, sometimes just stay a short time	25
Usually stay just a short time	67
Tot-1	100%

^{* 73} per cent of the total

Men who knew all the answers, including the one on the folly of "shacking up", are just about as likely to "shack up" as the men who didn't know the answers shown in Table 13:

Table 13

	Alleng men who		
Por cont gotting	"Sometimes" or "usually shack up"	"Usually stay just a short timo"	
All 7 answers correct 6 correct 5 correct 0 - 4 correct	18% 31 36 15	19% 30 33 18	
Total 1	100%	100%	

One of those men who says that he "shacks up" and who has a perfect inform tion-test score explains his thicking on the matter and offers his solution:

"A man is going to have sexual intercourses regardless of price or danger to health, and at least half of the men in Service Companies have *Shack jobs My opinion is that no Italian girl is going to be true to one G.I. A man after he has been with a weman so long, will disregard all precautions. I other words he thinks he's got her 'sewed up.' He forgets the rubber and Pro and just lies there and lots it soak. In the meantime while he is working she is doing the same thing with others, GIs probably as well as civilians; soon he has VD and wonders how he got it. My suggestion is as long as a G.I. is going to have his woman why can't the Army have regular doctors where he can have her examined once a day or as often as needed.

In like manner it can be shown that those who score bowest and those who score highest are about equally likely to say:

That they always or usually go to a Pro-Station That they always or usually use a Pro-Kit.

At first glance, there is something extremely discouraging about the data (information just presented, If men who know the most and mon who know the leas go out equally frequently in sourch of intercourse, and if those who know the most do not have better prophylactic practices than those who know the least, it might look as though the educational program about VD has been a weste of time and effort. Such a conclusion, however, is not warranted for several reasons,

- (1) To be conslusive; such a statement would need to be based on a controlled experiment. Suppose, for example, it were possible to take two similar infantry divisions, give one the Army's VD educational program and give the other nothing. If both divisions saw the same kind of service in the same huma: population (say central Italy); then differences in VD rates would be indeed triceable to differences in the effect of the educational program, unless it could be shown that other factors were intruding.
- (2) It is quito likely that the facts of prophylactic procedures are simple that almost any man who is intelligent enough to be in the Army can grasp the techniques - "wear a rubber; take a Fro" - and know when to use them. At the same time they may not be able to tell equally well why they do what they do. (It is true that men with a better education made higher scores on the information test.) But because the techniques are simple and because they have been taught over and over again in the Army, with tales of dire personal consequences for failure to head, the failure of some man to use prophylactic proced

6. Attitudes Toward The VD Educational Program

An important problem arises as to whether the men are weary of the constant lecturing on VD. Perhaps certain important groups, such as those who have frequent intercourse or who have had VD think the present program is ineffective in some way. It is possible that the men want certain information which they are not getting. These problems are discussed in this section.

a. Attitudes toward VD talks or novies. The majority of men endorse the VD educational program. They say that the last talk or novie was very good or fairly good, even though 83 per cent of these white EM have been in the Army 2 years or more and have surely seen or heard the material many times over. The two questions used to sound out indifference or disting of the Army VD program are shown in Table 14:

Table 14

Question: "What do you think of the last movie you saw on sox hygione and veneral disease?"

"That do you think of the last talk or lecture you heard on sex hygiene and veneral disease?"

Proportion saying	Movio	Talk or Lecture
Vory good	44%	36%
Fairly good	. 27	30
So-so	17	20
Fairly poor	1	. 3
Very poor	5	6
I don't remember, or No answer	6	5
Total	100%	1.00%

The two forms of presenting VD material are about equally well liked by all the men in the study. Analysis by sub-groups shows no important difference in reaction among those who have frequent intercourse, infrequent intercourse, or no intercourse at all in Italy. The group that has no intercourse (Group I) is interesting in this respect, since from one point of view, they do not need VD lectures at all. Perhaps the movies and talks serve to reinforce their decision to remain continent.

Seme men voluntogred comments for improving VD talks:

"Moop up short and to-she-point tolks on VD by vary good doctors for education on the subject."

"I have heard only one interesting VD lecture since I've been in the Army All the shows, pictures, and other lectures were terrible. All they do take the worst cases and try to scare the hell out of the fellows. This one lecture was given by a Captain of the Medics and he told us actual facts about the average run of cases. The whole company was enthused over his lecture."

"The danger of VD is not expressed deeply enough. Every soldier gets tired of a dry lecture about VD after has heard two or more. The lectures we hear are by officers that aren't well educated on the subject. More movid on every-day cases and less damenstrations on how to use a condem."

b. From ancy of talks or law is an VD. The root injerity (95%) of the moreon that they are still hearing to like or seeing movies in VD every 5 menths. (It may be that seem of the 7 per cent who report no novieter talks in the last 6 menths have forgetten about it.) At least 20 per cent of these men say they see a movie or hear a talk not less than once a menth (Table 15):

Table 15

Question: "During the past 6 months, how many movies on sex hygiene and vener-oal diseases have you seen?"

"During the past 6 menths, how many talks by officers or noncomes hav you heard about venereal diseases?"

Propertion saying	Mo	vie 1	<u>Palks</u>
None	2	:5%	10%
One or two -	. 5	1	43
Three to five	1	.7	27
Six or moro		6	20
No answer Total	. 10	1	* 100%

^{*} Less than half of 1 per cent

While the majority approve of movies and talks on VD, there is always a danger of dwelling on the subject too much. A few men volunteered comments indicating this, but they are not at all commen:

"Another criticism I have is that there's too much talk on VD and I believe it's driving the mon so they don't give a damm. Shouldn't harp on VD so often.

"When you speak of VD then you get my dender up. In the first place you toss it at us every so often and as if we were a bunch of kids. Some of the officers hand you the same old crap time and time again. Making the act of intercourse a stellar sweet. Hell, two of the times I knocked off a hank the begins of the I bell. I bell your point ever a let better. Make the men see it isn't smart or necessary, but den't harp on the subject all the time."

- men who made the best scores on the VD inform tion test had been exposed to more talks and films in recent months, or that they like them better. However:
- (1) Len vno make the best scores on the VD information test have not seen more files or heard more talks on VD in the last 6 months than other men.
- (2) Sen who make the best scores in the VD information test are not more likely than other sen to say the talks or films are very good. It seems unlikely that scores can be improved appreciably at this stage of the men's Army careers by movies and talks given more frequently than once every 6 months.
- frequent talks and movies about "D cut down the number of sexual exposures on the part of these overseas men. If anything, there was some evidence to show those were the most "D movies are more likely to be the men who have the most sexual contact (Table 16):

Table 16

Frequency of intercourse...
Three or
more times
a month

^{*} Since fener than an half of one for cent of all sun in the study have been overseas less than 3 months, the possibility that a lot of men have not had a chance to see films can be ignored. (Only a total of 5 per cent have been in Italy less than 6 months.)

The only safe intropretation of this chart is that herely vieting more and more VD novies does not cut down the frequency with which overseas men expose themselves to VD.

The data for talks or lectures his this same trend, which supports the notion that neither one cuts the exposures.

- e. Talks, movies and VD. Then white units are divided into low, medium, and high on the basis of reported VD rates for the permod January May, 1945, no major differences are found in the attitudes of the men toward the talks or movies; equal projections of all three groups say they like them. There was some evidence that the group via high the high mest reported VD rate is not seeing more VD films than the other, but this may be due to company policy as the result of the high rates. It cannot be said that the lover rates of the best units due to the greater namer of films or talks to thich they are subjected.
- f. Desire to information. Lascal half of the men felt that they know the need to know about VD and her to keep from ge ting it. Only 13 per cent seriously doubted then keep ledge of the facts and procedures of prophylaxic (Table 17):

Table 17

question: "Do jou thick jou knot as much as jou need to knot about venereal diseases and not to keep from gettime them?"

Proportion saging ...

No, there is quite a lit I need to know that I don't know	
Fo, 1 know all ost not an; about it	

Furth ranal sis sho ed that:

- (1). Men with the let accres (0-4) on information test are just segment of their handed about VD as are manished a deep affect scores.
- (2) here the never estable for het reconnects. Itsly are somethet here likely to say they had the trace to had then here to he interconnect (apout 15 per cent difference).
- (3) Len the have not had Theoversers are some hat here likely to say they know enough about VD about 11 per cent difference ;.

The figures are sufficiently alike to pensit the conclusion that none of the convenient of the conclusion that none of the convenient of the conclusion that the conclusion that the content to thich they are subjected to talks or movies, and they feel that they know enough about the situation.

There is no strikin evidence in the data on either information scores or the army's VD education program to indicate important deficiencies. However, and include the second therefore disponse of the interpretation of the interpretation of the interpretation of the present program is entirely speculative so rates in the present program of presenting the facus over and over again were abandoned.

The men themselves solit on the desirability of further education. For instance, here are two voluntary comments where one man thinks the army VD program should be improved while another writes that at this stage of the game, it is a men's own fault if he gots a disease:

"It seems a little lete to be doing this. The army definitely is not from enough with its discussions, files, booklets, ate on VD. If it would come out the actual photos, cite cases in files of the results of VD and, as I said, be frank, what in a while the army has pictures but they're rare and they're put in the Stations in some dark corner and they do no one a dawn bit of good. Lets stop this vishy-rashy actitude and get down to earth for a change."

"I hope from the i formation I have given you that you can see how I feel toward this same I attractive ousiness but to me it is one of those things that man it is et regardless and I feel there as no narm done if a person keeps his head and takes the drinking easy then takes precautions before goin ahead with it. I don't want to brag but I haven't yet had wenereal disease and I have out little fleer of it as I feel that I know now to take careof my self and my opinion as that if anyone gets it it is his own fault."

7. Blok round il. my Bristies of Len to have The Alexander

Since the army education program seems to be fairly efficient in getting information about VD to the men, if not in eliminatin VD, the search for relationship turns to the beenground of the projem. It is recognized that the army can do nothing sout cortain of these factors such as a man's age, religion, or marital status, but information as at these factors is assential to inderstanding the problem with unled the army is faced. Certain other background factors are more directly related to a minimum of each, such as rank or grade, time in army, time overseas, come t experience, etc., and are the referr more closely connected with army point.

a. Marit I st tus. Two out of three men in this st in are single?

2W-1	
d, no children	
ied, ith children	
	50.0

'ith regard to frement of semual intercourse in It hy, there are no differences between married ment ith children and married ment without children. They characterized differences between the single non and the married men, however, with the married ment of more likely to so they have abstained from intercourse It should be noted that the majority of noth single and married men report intercourse in Italy (Table 19):

Table 19

frequenci of a tercourse		Married, Lo Children 100%	Married,, vith childre 100%
	22	40	4-
II. Less than once a month	22	19	19.
III. Once or twice a month	35	26	27
	21	13.1	123_1

a/ These are exactly the same proportions as reported for the Theater by AGO 2 per cent sample statistics.

although the differences are not 1 rgo, because relatively few man have had VD, the foll ting table (Table 20) indicates that married men with children have had least VD unite over seas, On the other hand, single and married non do not differ much in the proportion reporting VD at some time in their life:

Table 20

Len the report VD infection	Single Len	harried, no children	
Overseas (some had been infected reviously)	8%		
In civilian or garrison life; not oversess		p	
At no time		_85_	<u> 80</u>
Total			

As the two fore coing tables show, being mandled is associated with less the went allicit intercourse and ith less VD were oversees men.

b. Religious back-round. Two questions were asked about religious back-ground, (a) "Are you a church member" (yes, no) and (b) "Thether you are a church member or not, do ou consider yourself..., (Catholic, Jewish, Frotestant, Other). The men can be classified thus (Table 21):

Table 21

den who consider themselves	Church	Par-Charch	Total
			.1%
; Jewish			
Other, and No answer	<u>1</u> 7/2%	1	2

The men who are church member are somewhat here inclined toward abstinence (difference of law - se Table 22); but it should be observed that the majority of both groups have introduced in Italy.

Freque	ncy of intercourse in Italy	Church Manbars 160%	Non-Church Lencers 100%
			20
	. Less than once a month	22	20
	Once or trice a month		139
	. Three or more times a month	18	21
			- It -

The only reliable difference of religious members in or preference is bettern the proportio of Fretestant church members and non-church members, with it proportion of the only 62) in the sample to be mit reliable commarisons, but inspection of the dat. does not indicate that they might be strickingly different in frequency of sexual cost ats (Table 23):

Triple 25

Church	Non-Church Mombers		Non-Church Members	All Jovs 1009
33	20	26	22	2
21	20	21	22	22
[16]	37 23	74	39 17	40
	Church Look 100%	100% 100%	Church Non-Church Church Members Non-Church Members 100% 100%	Church Mon-Church Church Mon-Church London Members Members 100% 100% 100%

Church members report for W infections in their lifetime than do non-church members (15% versus 20%) with 7 per cent of church members reporting infections everses as against 10 per cent for non-church members. 2/

Note: Throughout this section, the enjor part of the reporting is chiefly the research of the reporting is chiefly as shown barlier, 4 cases of VD arise from each 1000 count contacts. It a ground of the reporting is chiefly as the reporting is chiefly the reporting is chiefly as the reporting is chiefly the reporting is chiefly as the re

There can be no question that for some men, the fact of church teachings on abstinence plays an important part, Occasionally, one will take the Army to task for not following a strictly religious course in handling VD problems:

"Then, it comes to VD I bolieve if there were a few talks on that the 'Good Book' the Bible says about this it might help a little. A lot of fellows are not Christians, but they still want to do that is right. It seems to me the army encourages intercourse too much. They say go right ahead but be sure to take a Pro."

"The Scriptures teach that it is sinful to have intercourse out of wedlock, therefore I don't do it. Sure, I am just as tempted as the next follow and just as human but by praying for strength to overcome temptation I find it easy through Jesus Christ. Therefore my answer to this question, and all questions on human nature, is to follow Christ and these things will pass away."

c. Education. Men on the highest educational levels report the least sexual contact in Italy and the least VD, both in Italy and the States. As was true of marital status and religious background, this does not mean that those who are college men completely abstain and that those who are grade school men account for all contacts, but it does mean that there are some significant differences in the amount of contact.

ith regard to the educational achievem at of the men, they say they have completed the following highest grades:

Table 24

Less than 8 gra			
Finished 8th gr			
Completed some	high school t		
Graduated from	high school		
Completed some Graduated from	college work college		
No answer			200%

with regard to sexual contacts and educational levels, there is more than 10 per cent difference between college men and grade school men in the proportion who have abstalled from intercourse in Italy (Table 25):

Frequency of intercourse in Italy ...

Less than 8 grades	8 grade	school	High school graduate	college men
100%	100%	100%	160%	100%

		, I			7	
I.	None at all	20	26	22	31	36
11.	Ler han onde a month	22	17	18	26	19
III.	Once or twice a month	36	36	39	28	30
ı,•	Three or more times a month	22	а	21	15	15

Similar analysis shows that 20 per cent of grade school non-graduates say they have had VD at sometime in their life, while only 10 per cent of the men who attended college have been infected. Since being overseas, the percentages reduce to 9 per cent and 5 per cent respectively. VD figures for men on other educational levels lie between these extremes.

d. Age. Half of the white EM in this study were under 26 years of age, and half were age 26 or older. a/ The older men are clearly less likely to seek intercourse overseas:

	Table 26				
			Age		
		Under	25 -	30 -	Over
Frequenc	y of intercourse	25	29	34	34
in Ita		100%	29 100%	34 100%	1007
بالاستان الموسد	±				
					1
I.	None at all	24	28	29	36
±•	HORE TO ALL		1		
			+ +	1	-
II.	Less than once a month	20	22	21	21
و عليط	Logo Vitali office a motivi:	20		-	
		1 1			
	Once or twice a month	36	31	34	31
### .		30	1		
			-	-	
IV.	Three or more times a month	20	19	16	12
		1			
		1			

'a/ This compares favorably with the median age of 26.7 years for men in the Theater, as computed from sample statistics of the AGO. The arithmetic average for men in this study is 26.7 years.

Men in the youngest group are more likely to say they have never had VD in their lifetime than are mon in the oldest group (8% vorsus 74%) other age groups lie uniformly between those extremus. Since coming oversets, however, the older men are just as libely to report VD as the younger men, which is not to be expected because the older men (1) have less frequent intercourse and, (2) are also more likely to be married, and parried on have less frequent intercourse overseas.

The explanation lies in the fact that these older men have been overseas a greater average length of time. They have been exposed to VD, therefore, sufficiently more frequently than younger men to wipe out the expected difference in VD between younger and older men. When time overseas is held constant, the fact reappears that younger men in Italy have run up the VD rate disproportionately (Table 27):

Table 27

	overseas among men overseas 2 jears or more
Age 24 or under	. 17%
Ages 25 - 29	13%
Ages 30 and up	8%

e. Place of residence. The size of the communities in which the soldiers were living during the 5 years previous to entering the Army is not significantly related to frequency of sexual intercourse or venereal infections. That is, men from rural communities are not greatly different from the from the first small, addition, or large towns of cities in their reported sexual behavior while overseas.

A similar analysis by state in which the soldier resided for most of the 5 years previous to entering the Army shows some difference between Northerners and Southerners in the percentage who have remained continent in Italy (North, 29%, South, 20%) with resterners midway between (25%). This difference between North and South cannot be explained on the basis of rurality, as shown in the preceding paragraph, but it might be traceable to differences in education, age, or marital status rather than to an assumption that men from the different areas of the United States have fundamentally different attitudes toward sexual behavior.

f. Time overseas. Helf of the soldiers in the survey had been overseas less than 21 months, and half over 21 months. a/ The average man had been in the Army almost exactly a year more than that (a total of 33 months). b/ As would be expected, hen who have been overseas the longest (and 38 per tent have been overseas for 2 years or more) were much more likely to say that they have had intercourse in Italy. It is important to note that the sexual behavior pattern, as shown in the first bar below (Table 28), is not simply that of abstraining for a few months and then breaking one's record with a single incident. Instead, wide differences in frequency of intercourse appear almost immediately. Then the proportion of men who have abstained gradually drops to 19 per cent, and the average number of sexual contacts among those who are having intercourse increases. There appears to be little change in sexual behavior after two years:

Table 28

Less than 6 mo up 1 yr up 2 yr up 3 yr Frequency of inter-6 me, * to 1 yr to 2 yr to 3 yr and up course in Italy ... 100% 100% 100% 100% 100% I. None at all 46 25 19 19 16 19 26 Less than once 26 36 35 32 III. Once or twice a month IV. Three or more times 20 21 23

^{*} Finer breakdown not advisable, since only 88 men (5%) in this sample were overseas less than 6 months.

VD infections rise directly with time overseas, as might be expected. Only 2 per cent of the men who have been overseas less than a year have been infected while overseas, but 13 per cent of those who have been overseas 2 years or more have been infected while in the Theater. The men uniformly report the same amount (7%) of infection as the result of civilian or garrison life. It is continued presence in an overseas Theater that makes the striking difference (11%) in the proportion now reporting that they have been infected sometime in their life.

a/ 21 months is both the median average and the arithmetic mean, and corresponds almost exactly with available ACO sample statistics.

b/ 33 months is the median, and about 34 months is the arithmetic average for total time in the Army.

The men sometimes commented on the progressive breakdown of morale so far as sex is concerned:

"I'm getting so I don't care about anything. I used to keep away from the whores but what with nothing to look forward to I don't give a damn."

"The V.D. rate in this outfit seems to have increased proportionately to its length of time overseas. I have heard many men comment that they would stay away from those Italian women if they just knew 'How much lenger'."

"I vill soon have been married 6 years. Up until 9 months ago when I came overseas never had I had intercourse with any woman other than my vife since I married her. Then an older married man is in the same tent with a bunch of unmarried boys that are going out most of the time, it puts him in a bad frame of mind."

g. Rank or grade. There is a slight relation between Army rank or grade and frequency of intercourse, with the upper grades of EM reporting less frequent intercourse and slightly less VD. A While 25 per cent of Privates or Pfc's report complete sexual abstinence in Ital. 7 per cent of complete sexual abstinence in say they abstain.

Sergeants report slightly less VD while overseas than other grades which is consistent with their slightly lower exposure rate. The fact that the average sergeant has been in the Theater longer than men in other grades makes their exposure and VD record look even better.

h. Combat. Combat men are not different from non-combat men in the amount of sexual contacts they report for the three months just prior to the study. b/ Combat men report slightly less VD while overseas which is probably a reflection of restricted sexual contacts while in combat and a somewhat shorter length of service in the Theater. There is no difference between the amount of VD reported by the two groups prior to overseas shipment.

Fifty-six per cent of the men had been in combat, according to their appears to the question, "Hove you been in combat in this war? (that is, have you had a job which kept you regularly within the range of enemy artillery?)."

a/ In this sample, 47% of the men were Privates or Pfc's, 23% were Corporals or T/5, and 30 per cent Sergeants (any grade) or T/3, T/4. This compares very closely with sample statistics reported by AGO for rank or grade (49%, 22%, 29% respectively).

b/ Most of the questionnaires were completed during July 1945. All combat in the Theater had ceased on 2 May.

8. Same Person lity Factors and Their Relations to Sexual Exposure

Certain other aspects of a man's personality are either known or thought to be associated with his tendencies to seek sexual expression and the related problem of VD. The use of liquor is one of them; practically all Army movies and talks on VD discuss this factor.

The accepted program of education also duells on the dangers of VD because of possible consequences to a man's loved ones or because of personal consequences. The "fear" theme is regularly used in driving the lessons of VD home with the hope that the man will link together abstinence and other deep-seated attitudes.

A third problem in personality is that of emotional security. It's generally thought that a man who knows a girl is waiting for him somewhere will be true to her; he will not seek outlets with other women. Army life overseas wrecks these old emotional ties when it takes a man away from his wife or sweetheart, and leaves him with a set of memories and occasional letters. In its place, he has new dangers and lots of frustration and uncertainty.

These three factors and certain others are discussed in this section. The reactions and attitudes of the soldiers on these questions should prove helpful specifically to those who plan anti-VD campaigns, and generally to those who want to know some of the ramifications of the whole problem of sexual intercourse.

a. Expectation of marriage and frequency of intercourse oversess. Forty-two per cent of the man my they left a girl tehind them in the States when they expected to marry after the war, 28 per cent say they did not, and the remainder are married (30%).

Of the men who say they left a girl behind whom they expect to marry, half feel that she has stayed loyal to them and half express doubts (Table 29):

Table 29

Question: "So far as you know, has she stayed loyal to you?"

Proportion saying	Among men who left a girl behind
Yes, I am sure she has stayed loyal Yes, I think she has stayed loyal, but I'm not	51%
sure No, I don't think she has stayed loyal, but I'm not sure	18%
No, I'm sure she has <u>not</u> stayed loyal Undecided No answer Total	14,% 9% 3,7 100%

Men who express any degree of doubt as to the loyalty of the girl they expect to marry are more likely to say that they have had intercourse in Italy, as shown in the following table (Table 30). 'hether a man's doubts as to his sweetheart's loyalty precipitates illicit sexual contacts on his part cannot be determined from these data. It is quite possible that this is true, but it is also possible that feelings of guilt about his own conduct leads a man to rationalize this conduct by saying that his sweetheart is probably not remaining loyal either.

Table 30

Frequency of intercourse in Italy...

Among unmarried men who...

Did not Are sure Express
leave a their girl any degree
girl behind stayed loy 1 of doubt
100% 100% 100%

- I. None at all
- II. Less than once a month
- III: Once or twice a month
 - IV. Three or more times a month

(Proportion of all men in Theater*)

		The second second second		
*	The	memorining	are	married.

17		
23	25	14
19	24	24
36	35;	36
(28%)	16 ! (22%)	26
		(20%)

More difficult to understand is the group (22 per cent of all men in the Theater) who are <u>sure</u> their sweethearts have stayed loyal. As shown in the chart, a total of 75 per cent of this group frankly say that they have had intercourse in Italy. One of these men, regardless of his own tehavior, shows his fears about his sweetheart, even though he says he is sure she has stayed loyal, when he volunteers this comment:

"The Army gives us plenty of beautiful posters and interesting movies on sex and how to avoid diseases and why we should not indulge in sexual intercourse --NOW-- How about producing some really good shorts on the same stuff to show our wives and sweethearts back in the states? Print a series of impressive posters that people back home will see everytime they turn a corner -- posters and movies about staying true and faithful to their men overseas. Have some good speakers (not ministers) to tour various cities and towns and speak on how we need their trueness."

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There is some evidence, then, that a feeling of sureness in the loyalty of one's sweatheart is connected with less sexual exposure in Italy, but this well-known "logalty" thome as an explanation of the some men have intercourse while others do not is far from accounting for the different kinds of sexual behavior reported by the men themselves in this Theater.

b. Relation of liquor to sexual exposure. Only 9 per cent of the men say they haven't drunk any wine or liquor at all since being in Italy. Therefore, the problem of liquor and its alleged close association with bad prophylactic practices involves about 90 per cent of the white EM in Italy.

It is obvious from the next chart that men who rate themselves as bigger drinkers than most soldiers are also much more likely to report frequent sexual contacts or exposures. Conversely the non-drinker is strikingly more likely to say that he abstains from intercourse, also. Thus, it seems that one behavior is a pretty good predictor of the other (Table 31):

Table 31

Frequency of intercourse in Italy		Amor None at all	unt of A lot less than most men 100%	drinking in A little less than most men	n Italy* About the same as most men 100%	More than most men
				; ······		
I. None at all	_	62	33	25	15	13
II. Less than once a month		10	26	20	21	16
III. Once or twice a month IV. Three or more times a mon	nth	17	28	39	39	43
			<u>. 13</u>	.16	25	28
(Proportion of all men in Theater		(9%)	(35%)	(17%)	(27%)	(11%)

^{* 1%} did not answer this question.

Answers to another question also reveal the relation between drinking and intercourse, for almost 50 per cent of the men say they usually or about half the time have a couple of drinks just prior to intercourse (Table 32). Data from this study cannot be construed to mean that because a man drinks he therefore has intercourse, or that wiping out liquor would reduce appreciably the number who have illicit intercourse. It is quite as likely that the desire for intercourse may lead to drinking, or that the "desire for drink - desire for intercourse" pattern of behavior is a circular one, with each motivation reinforcing the other. The figures can be used, however, to indicate the extent to which the two problems are connected:

Table 32

Question: "When you have intercourse over here, do you usually have a couple of drinks first?"

Proportion saying	Among men who have had intercourse in Italy
Yes, I usually have a couple of drinks first	25%
About half the time, I have a couple of drinks first	23%
No, I hardly ever drink before having sexual inter- course	30%
No, I never drink before having sexual inter- course Total	22% 100%

The "drinking-intercourse pattern" is directly associated with higher VD rates since coming overseas; and, interestingly enough, prior to coming overseas also (Table 33):

T		Haroly	who say the Drink about	Vouelly drink	
Proportion reporting VD infections	inter-	before inter-	half the time before inter-	before inter-course	
Overseas (some had been in- fected previously)	6%	10%	12%	15%	
In civilian or garrison life; not overseas	5%	5% -	10%	13%	
At no time Total	<u>89%</u> 100%	85% 100%	- <u>78%</u> -100%	72%	

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It is generally assumed that the drinking soldier presents a special problem in the control of VD because he is unable properly to apply the prophylactic knowledge that he has. Some outfits assume that all men who show signs of intoxication have been exposed and take steps accordingly. As one man put it:

"In this outfit a man that comes in drunk is given a pro whether he likes it or not. The men that have sexual intercourse, if they are men at all, will take the proper precautions, but not drunks."

Undoubtedly there is much truth in this, yet there is evidence to suggest that men who usually drink before intercourse or who do so about half the time have—somewhat poorer prophylactic practices to begin with than do men who never or hardly ever drink before intercourse. The following table shows whether neavy or light drinkers are more likely to have the best prophylactic practices:

Table 34

	Drinking	habits course		inter-
Some related prophylactic problems; proportion of men saying they	Never drink	Hardly ever drink	Drink about half the time	Usually drink
Always use a condom	81%	77%	68%	71%
Always go to a Pro-Station	58%	51%	38%	47%
Always use a Pro-Kit-	33%			27%
Never "snack up" for a night		73%	58%	63%

The differences are not large, but they are significant both in a statistical sense and in the sense that any group of men that fails to apply prophylaxis <u>perfectly</u> is paving the way to high VD rates. The two groups that drink most are consistently below the two groups that drink least in the proportion saying they <u>always</u> follow any given prophylactic "must".

The significant findings on the relation of liquor to the VD problem can be summarized thus:

- (1) 9 out of 10 men in Italy drink liquor or wine
- (2) They are much more likely to be the men who have sexual intercourse

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- (3) It is not clear from this study whether men who want sexual intercourse take a few drinks to release inhibitions so that they can achieve their sexual goal, or whether the liquor stimulates sexual behavior. (The present study did not attempt to solve this riddle.)
- (4) The present study does show a close relation between the two, and it shows that VD rates are much higher for men who say they usually or frequently drink prior to intercourse. Of course, men who don't drink at all report a share of the VD in the Theater.
- (5) The data indicate that men who drink have a poorer set of prophylactic practices to begin with. Therefore, it is not just the matter of drinking which should concern those who direct VD control programs, but also the problem of why it is that men who drink are also those who don't care as much about prophylaxis.
- c. Fears about contracting VD. The men split almost exactly into thirds on the question, "How much do you worry about getting a veneral disease?" A third say they worry a lot, a third worry about it somewhat, and a third do not worry about it at all.

As can be expected in view of their record, those the say they are completely content worry least of all about VD (Table 35):

	Table 35	
Frequency of int	ercourse in Italy	on that worry or "somewhat" atting V7
None at all		25%
Less than o	once a month	81%
Once or twi	.ce a month	86%
Three or me	re times a month	78%

Having been "burned" by VD overseas has but little sobering effect on these men. Eighty-seven per cent of them say they worry about contracting VD "semewhat" or "a lot", which is about the same proportion as was true for men who have not been infected but who have intercourse in Italy.

Fear of passing on VD to someone a man loves seems to be the biggest deterrent, according to men's answer to the question:

Question: "What is the Main remon thy you yourself want to keep from setting a venereal disease?"

If I caught one I might give it later on to someone I love	53%
A venereal disease can ruin your health permanently	. 34
I would be ashaled to have a venereal disease	6
	3
I'd get busted or punished if I caught a vencreal disease	1
Other, and No answer	3
Total	100%

Men who have remained continent are different from men who have most intercourse in two principal ways:

- (1) They are more likely to fear infecting a loved one
- (2) They are more likely to say they would be ashamed to catch VD.

The group that has most intercourse is the only group that places first the reason, "a venereal disease can ruin your health permanently", which indicates that this group is less characterized by fear of social consequences than it is by removal ones.

There is one score upon which the vast majority of men agree, regardless of their own sexual practices in Italy. About 90 per cent of them say that it is always or usually a man's own fault if he gets VD. Men who have had VD overseas like iso say it is a man's own fault if he gets it. Since many of these men may have acquired VD at a time when they thought the way using proposition procedures correctly. The men think It was not a matter of carelessness (Table 37):

Table 37

Question: "Do you think it is a man's own fault if he gets a venereal disease?"

	Theater Average		who have Had VD in civilian or garrison life	Never had VD
It always is his fault	45%	50%	47%	45%
It usually is his fault	43	40	35	44
It is his fault about half the time	9	7	n	9
It usually isn't his fault	2	3	3	1
It almost never is his fault		-	3	
No answer	1 100%	100%	100%	100%

* Less than half of one per cent.

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Although the following seven questions have frequently proved of real service in the analysis of other problems in soldier attitudes and morale, none served to differentiate between men who report no sexual intercourse in Italy and those who have intercourse with varying degrees of frequency. a It was thought, for instance, that men who fail to get along with other people, or who don't like their jobs might compensate by frequent sexual contacts, that men who are generally dishertened or, who feel physically below par might be less agressive (or more aggressive?) sexually, and that men who are torid in their irea this might be how most sexual contact.

The seven questions, each of which had an appropriate check list, that were used to test these notions, are as follows:

- (1) "Do you like to work with the other fellows in your company?"
- (2) "Do you consider your own present job or duty in the Army an important one in the war effort?"
- (3) "How satisfied are you about being in your present Arm, job instead of some other Army job?"
- (4) "How would you say people you know feel about you?"
- (5) "In general, how would you say you feel most of the time, in good spirits or in low spirits?"
- (6) "In general, how would you say your health is?"
- (7) "Can you find interesting things to do in your off-duty free time?"

Although these questions, dealing with personal frustration (whether on or off the job), social rejection, and feelings of psychological and physical well-being proved non-differentiating with regard to sexual behavior, this in no way should deny the wisdom or suitability of other approaches or of extended questioning in these areas. The present questionnaire was sufficiently long (77 questions) to preclude further penetration into these areas at this time.

These questions to differentiate between mun of different commands in this study. They show that men in the Air Forces, for instance, have highest job satisfaction, men in PBS say they are in poorest health, etc.

9. Selected army Attitudes In Relation To VD Problem

There are certain attitudes held by the men toward army practices, policies, and situations which are relevant to the problem of controlling VD. If men do not disapprove of a fellow woldier who becomes infected and if they think he should not be punished even for repeated offenses, then Army administrators lack the backing of soldier opinion in fighting VD. These questions are discussed in this section.

The problems of passes and diversionary activities are also discussed. What do the men think of the present pass situation? Do they have enough wholesome diversion? More important, do they want to be diverted from women?

a. Attitudes toward AVOL and going on sick call. Certain parts of the data in this study support the January Viewpoint that men who abstain from intercourse, and therefore who have lower VD rates, are men with better general attitudes or morale. Although this was not true with regard to satisfaction with one's Army job, getting along with other fellows in the company, and a general feeling of well-being, it is true with regard to attitudes toward going on sick call unnecessarily, going A'OL, and contracting VD.

First of all, note that while the majority of men say they dislike a fellow who goes on sick call unnecessarily or who goes AWOL, sizeable minorities do not disapprove of these practices (Table 38):

Table 38

Question: "How do you feel about a soldier in your outfit who tries to get out of doing his job by going on sick call when he doesn't really need to?"

"How do you feel about a soldier in your outfit who goes AVOL?"

Proportion saying	Goes on sick call unnecessarily	Goes AWOL
I don't have any use for a fe who would do that It doesn't make any differenc	62%	53%
one way or the other It's OK with me, if he can ge	18	22
with it Something else - What?* No answer	15	12 12
No answer Total	100%	100%

^{*} Nost men in this category offered qualified answers of the sort, "It depends on the circumstances,"



It is clear from the following table that don he have most frequent sexual intercourse are also more likely to have attitudes of tolerance toward the man who goes on sick call unnecessarily or who goes AWOL (Table 39):

Table 39

	Proportion saying they have no use for a man who				
Frequency of intercourse in Italy	Goes on sick call	Goes AVOL			
I. None at all	72%	63%			
II. Less than once a month	66%	57%			
III. Once or twice a month	58%	50%:			
IV. Three or more times a month	49%	44%			

The great ajority of men and considerable tolerance toward a man who contracts VD. Close to 70 per cent say they would hold it against a man for contracting VD only if he didn't so on sick call, and another 15 per cent say they would not hold it against him even if he didn't so on sick call right away. Only the remaining 15 per cent show sharp attitudes of disapproval, saying they would hold it against him whether or not he went on sick call right they.

Once again men who have had no intercourse in Italy are more likely to take the stern attitude of disapproval (24%), while only 10 per cent of men who have most frequent intercourse say they would hold it against him whether or not the man went on sick call.

b. Why men yould not go on sick call. The men were asked to give freely any reasons they might have for not wanting to go on sick call if they thought they had caught a venereal disease. Very few of the men wrote in any reason whatsoever; so few that this reaction suggests strongly that the majority would go on sick call if they thought they were infected.

The most common reason written in by those who wrote any ming at all involved pride and shame, and perhaps fear of consequences. Typical remarks of this sort are:

"It would be entarrassing as hell."

"Everyone would know it and most likely you would be 'cast away' from your buddies."

"Personal pride perhaps and may be even fear of the consequences."

"Sick call in Squadron is too personal - would suggest reporting to dispensary and not informing CO of the nature of disease."

The next most common remark was about fear of consequences, not only to self but occasionally to one's buddies:

"Yes, to keep from being punished by my CO."

- "Yes, I would be questioned about place of contact and might be busted if out of bounds."
- "If I thought I could get cured by other ways I would never go on sick call, as a court martial is put on one's service record."
- "Yes, we were told we'd be the last to get a chance to go home."
- "Yes, because they would want to treat me like a damn dog if they thought I had a venereal disease."
- "I have been punished without warning; embarrassed, publicized, and stripes taken away."
- "The outfit may be restricted for a long time if the VD rate went up in the company."
- c. Convany punishment for VD. The matter of punishment was specifically raised elsewhere in the questionnaire, and 32 per cent of the men said ves in response to the question, "If a soldier in your outfit catches a venereal disease and goes on sick call right away, does he lose any rivil a is a punished in any very manufactional in per cent said to and 1 ver cent additional to the content of the cent and the cent an

The men are evenly split on the question, "Do you think a soldier who gets a veneral disease more than one will be published?" Forty-eight per cent were against punishment, and 47 per cent in favor, with 5 per cent failing to answer the question.

for recurrent influctions (45 vs 34.). Who have some intercourse likewise tend to vote analyst punishment (61% vs 37%). At the other extreme, a slight majority of the men who have had no intercourse in Italy vote in favor of punishment (52% vs 40%, with 8% not voting).

The men were asked, "How should be punished?" if he should be punished at all. White the peof punishment they thought suitable. Wrote a free comment about the tipe of punishment they thought suitable. The typical comments given below are divided into 3 groups for convenience; I. Frequently mentioned punishments, II. Punishments mentioned occasionally, III. Punishments mentioned by a few.

I. Frequently mentioned punishments:

"Restricted to end of war. !

"Severe restrictions on personal privileges -- assigned to duty in a VD ward."

"Loss of time and pay."

"Bisted and transferred to another outfit."

"Labor detail."

"Limited passes for a given period - say 1 per week for 3 months."

"Stop furloughs."

"By taking away his Company privileges."

"Fine so many dollars per grade,"

"Extra duty, maybe a court martial."

II. Punishments mentioned occasionally:

"By a psychological process; prevent him from being able to join different fulctions."

"By posting his name on the bulletin board,"

"Inform the folks back home."

"He needs more teaching on the subject,

"By repeated lectures and must carry V-packet and rubbers at all times,"

"He, himself, be made to give the lectures."

"Throw him in the stockade. After having it once, I'd stop."

"Nine lashes."

"Forfeit all rights to rest camp for 6 months and no overnight passes for a like period."

"Seeing patients with really bad cases."

III. Punishments mentioned by a few

"Possibly thru "bad time" (but nothing severe enought to cause him to concerl it)."

"He shouldn't be given a promotion or privileges, since he is irresponsible."

"Dishonorable discharge."



"It should have some bearing on his return to the States."

"Cut his testicles off."

"He should be sterilized."

"Forced to have a penis inspection every week for 6 months."

"Make him pay for treatment."

Since half of the men do not approve of any punishment, it seems that restricting a man is the only punishment for repeated offenses that might meet the approval of at least a large minority of the men.

- d. Passes and frequency of intercourse. It is frequently alleged that the giving of passes is closely related to the problem of controlling VD. The reasons offered are often contradictory. For instance, it is said:
- (1) That if a man could get to a town or city, he could entertain himself in a wholesome way.
- (2) That if a man gets to go to town, the first thing he does is look up a girl.
- (3) That when men are refused passes, they have intercourse anyhow under the very worst of prophylectic circumstances in the woods or weeds in or near the camp where a man cannot care for himself and where the girl cannot either, thus emanagering all men who contact her.
- (4) That men go AVOL, if only for 30 inutes, when refused passes, and then do not dare go to a Fro Station, for some say a record is made out and sent to their company orderly room.

All of these are reasonable. To test the relation of sexual behavior to frequency of passes, several questions were asked.

Lighty per cent of the men say they are able to get to a town or city at least once a week. In fact at least half of the men (54%) say they get there more than once a week.

Men who get to town most frequently report neither more nor less sexual intercourse than those who are less able to get to town.

Only 16 per cent of the men say, No. I have not had my fair share of passes in response to the question, "Do you feel that you have been given our fair share of passes in the last few months?" These men report neither more nor less frequent intercourse than the others.

The answers of the men also reveal that men who get the most overnight passes are also those who report most frequent intercourse. On another question, 21 per cent of the men said they stayed all night in an Italian house, apartment, or hotel the last time they were on overnight pass. As might be expected, the group that has most intercourse is the group that is most likely to stay in Italian residences.

It seems clear, then, that merely getting to town itself is not associated with highly frequent intercourse. Men who request and obtain overnight passes, however, are much more likely to be those who have frequent intercourse, and it seems fair to conclude that they are more likely to "shack up" for the night.

The problem of what men do on pass was also approached from another angle - by asking the men to write freely an ansier to the question, "What do on usually do whom you man pass? (Plaase tell us as fully as you can)." About 90 per cent of the men wrote an answer to this question, and the average man mentioned at least two things which he does usually when on a pass.

A total of 31 per cent of the remarks indicated that the nen who wrote them usually seek a woman as a main activity when on pass:

14% indicate they definitely have intercourse.

13% indicate they try to find a roman, but do not imply they always succeed.

4% say they have a "date", which may or may not indicate intercourse.

An even larger number of remarks, 40 per cent, are about searching for liquor of some kind, perhaps going to a night club to get it. (It should be noted again that the same individual could be included in both totals - looking for liquor and for a woman). The complete classification of things the men say they usually do on a pass follows (Table 40):

	Table 40	
		Percent of men writing this typ of comment
Go on sight-seeing to Walk around town Watch or participate athletic type	in recreational activititi, Italian families	31% 40 40 24 24 24 20 4 2 4 10 223%**

^{*} The percentages add to more than 100 because the men could list any number of activities.

There are some immense differences between the various groups by frequency of intercourse. Two per cent of men who have remained continent in Italy say they seek female companionship; in the highest frequency of intercourse group (Group IV), 63 per cent may they look for a vaccin. This latter roup is more than thice as likely to say they look for liquor.

Some of the items where the differences between groups are large have been selected for the following table (Table 41):

Table 41

Among men whose frequency of intercourse while in Italy is...

Proportion saying they	all	Less than once a month Group II	Once or twice a month Group III	Three or mor times a mont Group IV
usually				
Look for a woman	2%	17%	45%	63%
Look for some liquor	24	39	47	52
Go to movies, opera, she	ows43	45	36	34
Go on sight-seeing tour	33	25	20	18
Walk around town	33	25	21	15
Go to Red Cross club	32	31	20	12

^{*} Each column totals more than 100 per cent because the men could list any number of activities.

"More things to keep one's self occupied while off duty would keep one's mind more at ease and less would be think of the opposite sex. One cannot find anything to do and be finally comes to the conclusion that a piece and a pro will take up a couple conclusion that a piece and a pro will take up a couple conclusion."

e. Diversionary facilities. From the point of view of VD control, bars for the men either in the company or "on limits" in town, dances, restaurants in towns, clubs, etc., are diversionary. That is they keep the man occupied in what is considered a less objectionable way, if not a "wholesome" way. Several questions were included to sound out what incill lat were or was at a less objection this might have with frequency of intercourse.

It is quite likely that more frequent passes will simply mean more frequent attempts at sexual contacts for men who say that looking for a woman is what they usually do when on a pass (men in Group IV). Their behavior on pass seems clear enough; they are not primarily interested in the Red Cross Club, sight-seeing tour, or walking around town. They have a purpose - women and liquor, then movies or shows. At this point, it seems indeed questionable that bigger and better clubs would divert these men, although they might indeed aid the man who has no definite purpose in mind like the one who wrote this comment:

BARS for the men are unavailable for only 2 per cent of them:

Table 42

Question: "There can the men in your outfit go when they want something to drink?"

Proportion saying ...

Bar in dayroom or club right in my unit	52%
Italian bar that is not "Off limits"	40
Enlisted men's club run in town by the Army	20
There is no place to go that's not "Off limits"	2
No answer	2
Total	116%*

* The men could check two or more, if correct, which accounts for the large total.

Hen who have most frequent intercourse are somewhat more likely to say that Italian bars are available to them as well as unit bars. More important, however, is the fact that men in the most frequent intercourse groups seem to prefer the Italian bars. As shown before, they drink more than men who have little or no intercourse and they are more likely to drink in an Italian bar, where, it can be assumed, native girls are often available for companionship. About 3 per cent of the men prefer to drink in an Italian "Off limits" bar, so they say, and almost all of these men are in the two groups that have intercourse nost frequently.

RESTAIRALL and mess facilities for men on pass also give a clue as to the different habits of men who have intercourse most frequently. These men are more likely to say that the last time they were in a city on pass, they are in an Italian home or restaurant, and they are definitely less likely to say they are at a Red Cross Snack Bar. They do not differ much in the extent to which they use the various army-type eating facilities that are available in cities.

Because of the possibility that men go to Italian restaurants or homes because they cannot get food quickly enough at a GI restaurant when they are on pass, a question was asked as to how long they had to wait before they could get anything to eat the last time they tried a GI restaurant. Three-fourths (75%) of the men said that less than half an hour was required before they were able to get something to eat, 16 per cent said it required more than half an hour, and the remaining 9 per cent said they have never gone to a GI restaurant. There was no observable and connection to well as a second connection to well a second connection to wel

DANGES or parties are usually thought to be diversionary; that is, if men have a cess to firls under planned, social conditions then the probable consequences in terms of exposure and VD are minimized. Many of the men take this point of view, as indicated in this comment:

"Still we are confronted with the woman problem. The absence of women naturally makes the average soldier more conscious of them and after brooding for awhile seeks release by going to a whore. Soldiers do not have the opportunity to meet the better class Italian women under the present setup. I believe the Red Cross could help this situation a great deal by having parties, dances, and so on, and inviting respectable girls to participate in the activities."

The data collected here do not support such a conclusion, however. First, it should be noted that a third of the men have dances or parties at least once a week, another third say they have had none in the last three months, and the remaining third indicate that they have had just a few dances or parties in the last three months. However, the group that says the men in their outfit can go to a dance at least once a week contains just as many, in fact slightly more, men who have very frequent intercourse. The group that has no dances or parties and the intermediate group are not different in the frequency of reported intercourse.

A question on the nationality of the girls at the dances or parties fails to show any relation to frequency of sexual intercourse because there are apparently almost no dances which are restricted exclusively to American or English girls (1%). This makes comparisons impossible. Seventy-eight per cent of the men who are in outfits that have dances say that only Italian girls attend the dances (or parties). The remaining 21 per cent say that a mixture of Italian, American, and English girls are in attendance.

The data of this study do not permit any interpretation as to whether the type of girls who attend soldier dances is more or less free of VD than the type the soldier picks up in other ways. If it were true that these girls had less VD, then from the <u>viewroint of VD control</u>, it would be wise to press this part of the diversionary program. As has been indicated, however, this would not reduce frequency of sexual intercourse.

It is quite possible, too, that men who have infrequent intercourse (Groups II and III) that will be contained with are found companionship of the type provided by more frequent dances with selected, better-class girls, but this is conjecture so far as the data of this study are concerned.

f. That men want most to help enjoy off-data time. A selected list of items was presented to the men containing activities of a diversionary sort, and they were invited to check only two of the things they want most to help them enjoy off-duty time.

No one activity received an overwhelming vote, which indicates that the men's needs are being met at least partially on almost every item. The needs that get the votes of at least 20 per cent of the men are for more tours to famous places and for more USO shows:

Table 43

Proportion saying they want this activity most ...

Tours to famous places near your outfit hore USO Shows More movies	29% 21 18
Fors where enlisted men can get liquor that has been tested More dances Places to stay overnight when you are on pass	17 16 15
More GI restaurants there you can eat when you are on pass	14
More sports and games	13
Classes in different school subjects and training for civilian jobs A day room in your own outfit Better Red Cross clubs in cities	12 6 6
More books and magazines More lectures and discussions on interesting subjects Something else. Vhater? No answer	4 2 5 3
Total	181%*

^{*} The total does not reach 200% because some failed to check two, as requested, and some did not answer at all.

Men who have most frequent intercourse do not vote for all of the items to the same extent that other men do.. Men who have most intercourse are more likely to favor:

- (1) Bars where EM can get tested liquor
- (2) More dances
- (3) More overnight places to stay

Men who abstain completely or who have infrequent intercourse are more likely to favor:

- (1) Tours to famous places
- (2) Classes in school subjects and job training
- (3) And to a lesser extent, day rooms, better Red Cross clubs, and more books.

On all other items, the various groups show little difference.

It is clear that men who have frequent intercourse want activities that throw them into contact with women or at least set the stage for such contacts. They do not want to be diverted. It is the groups that already are diverting themselves that fivor a better diversionary program and for whom a carefully planned diversionary program may yield biggest results in VD control. Lacking adequate diversion, there men may find it easy to "kill a few hours" with a woman, with its risk of VD.

The fact that men who have most intercourse more frequently request overnight places to stay is subject to dual interpretation. Ferhaps they want such places provided by the Army so that they can stay with a girl for several hours and then have a nearby Army billet, which would eliminate a trip back to camp. On the other hand, it is possible that more overnight places to stay would reduce the frequency of exposure, expecially to "shack jobs", if the men did not have to rent rooms in Italian homes or hotels. Any need for renting rooms in such places sets the stage for "shacking up", even though the man did not particularly have this in mind when he started on an overnight pass.

10. How the Men Wo Control VD.

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As might be expected, men who have no intercourse themselves are much more 11 oly to recommend abutaining as the best way to solve the problem of VD. Mon in the group that has intercourse most frequently recommend:

(1) Army sanction and control.

(2) Emphasis on the present prophylactic program.

A wide variety of remarks are included below to show the range of the seldiers' thinking. Many of their remarks are contradictory, often their remarks denot seem to be very intelligent, but never can they be ignored in an analysis of the man's thinking and reaction to the Army's VD situation. The groups "a" through "k" follow the groupings in the table given above:

a. Have Army inspected or operated houses for CI's (215):

"Have regular clean GI women, about five to a company to operate.

Of course this would have to be kept from the press."

"The Army policy is to place all brothels off limits. The men still get VD and planty of it. The Army may as well run brothels 'off the record' and keep the girls in them who are known to be clean who can be inspected dealy if necessary."

"Have regulated houses of prostitution at a rest camp, , not near the camp area. Let recreational facilities occupy leisure time in camp areas."

"Do as most other Armies do--put up government-senctioned and inspected houses."

"Legalized prostitution overseas under some other more respectable name."

"Have a GI whorehouse so the men wouldn't have to go out and get some of the filthy -- they are now getting."

"GI house but keep the cost so low men wouldn't go elsewhere."

"I don't like the idea, but a government-spensored wherehouse is the answer."

b. Army or civilian doctors should clean up prostitutes physically so they would be safe (10%):

"Check the girls more frequently; have the men turn in the sources."

"Systematic survey and cure or isolation of all persons (male and female) having venereal diseases. Nothing is being done about the civilians with those diseases over here."

"Inspected wherehouses. Clamp down on these dage hospitals that let wheres go free for a reasonable sum, or because they can't feed them."

"Doctor all women caught hustling."

"Institute inspections of mon twice a month. Run a house starting off with girls that are clean and have a customer show his card stamped within the last two weeks. Crack down on outsiders."

"Got ornment-inspected wheres for shack jobs and at least an unofficial check on whorehouses."

"Have women inspected. Have men inspected before going in and be made to use a rubber and take a pro. Keep prices down. Putting them off limits does harm."

o. Don't take a chance: use conden, Fra Station, Fra-Miss, etc., with other suggestions for improving those (17%):

"Always use a rubber and wash your penis off good and urinate."

"It is largely up to the man now. The Army has taken as many precoutions as it can."

"Give proper use of Pro-Kits by lectures, shows."

"GI rubbers are no good, bust all the time."

"Bring back the old type of pros. The new ones aren't worth a damn."

"More Pro Stations and men attendants who know their business...
Boys in my outfit claim Pro Stations are no good in town."

d. Use education: more movies, talks, or present educational plan OK (10%):

"More movies."

"No more aducation than is already being done."

"Post pictures of the results of VD always where they can see them."

"Let them see actual cases of VD."

"Give more lectures and use diseased women to show the effects, and why it is easy to contract the disease,"

"By giving them the plain facts as to what VD can actually do to the human body. By not printing that Penicillin and sulfa drugs can cure VD."

"Human nature being what it is, it's impossible for the Army to provent sexual introduces. Since there's a lot of VD here, I'd suggest advertising campaign on Pro-Kits, etc., and also would avoid punishing men who do get VD - except if it can be proved that it was the guy's own fault."

"I think the Army is doing about all they can. The rost is up to the soldier, except they could take a few wise guys out of some Pro-Stations."

o. Give min senothing also to do: m vies, sports, deness, etc. (5%):

"Give us more recreation that we can enjoy. I fool that the shortage of fun over here and our low morals lead a lot of us astray."

"More wholeseme GI shows. Keep alcohol out. How can one help but desire intercourse with so much sex talk, pictures (pin-up too), and the actual sex organs thrown at him:"

"Moro sports and rest camps."

f. Have the men abstain completely (9%):

"Koep your penis in your pants."

"Don!t violate the laws of God,"

"Teach the men to stay away and wait until they got home."

g. Get the men home; het them out of infected areas (2%):

"The only way is to get us out of these infected areas and that is to send us home."

"Koop men out of areas that are known to be infected."

"Sond thom home to their wife or girl."

"Get us out of this Theater."

h. Mako passes easier to get; more furloughs (1%):

"The one remains to that they don't have among posses and they all grab the same girl."

"Allow mon liberal pass privileges, so that they do not get a feeling of being 'cooped up' and think when they go out that they must throw a'fast one"."

"Don't make man such out and take s quickled they con't take care of themselves if they are in a hurry."

1. Funish offcadars more severely (14). (Vi we of pull booms were also given to response to another question, reported alsowhere in this study):

"Warn the men that any who pick it up will be fined or, botter still with this point system, deprive him of about five or six for each case he has."

"Demand a pro-slip and give a court martial to any one who gets it and has no pro-slip."

j. All possimistic views (5%):

"I don't think there can be much more done. They may as well throw the towns open. A man is going to have his fun."

"There is no way to keep them from it if a man don't car,"

"Not let them go on pass or lend each man around by the hand."

"Put all women in concentration camp."

"Kill all the whores."

k. Miscollancous (1%):

"Don't harp on the subject so much and make it a stolen sweet."

"Let the women run loose so a soldier can get a piece without worrying about the MP's picking him up. That way you wouldn't have intercourse so much."

"Rigid policing of houses of prostitution. Check where cases were picked up. I don't think there are enough men (MP's etc.) available to do a thorough job,"

"Put all houses off-limits."

"Strictest confidence and closer relations between medical officers and am. Definitely not too much restriction."

"To see that doctors at all times stay around long enough for men who don't like going on sick call and to give them some idea how bad his case is."

"I think physical inspection twice a month is sufficient."

"Let married men have their wives over here...let enlisted men go with WAO's, nurses, etc...instead of officers."

"Got come more WAC in Army."

"Get yourself a nice girl and stay with her all the time. I bring mine from Reme with me."

"Release him from all punishment and keep it quiet."

"No, only I say the restrictions are too stiff and a man that has it won't go to an Aid Station in four of hurting the rest of the men in his company."

"Promoto scientific research to find a vaccine that will immunize against those diseases."

"Pro Stations where the man is not required to give name and show pass. Abolish the 'busting' of men for getting a venercal disease. By treating the subject (VD) the same as people treat common cold."

11. The Officer as an Example to His Men. No question was asked about the problem of officer. AM relations since it appeared to be extraneous to the problem of controlling veneral disease. However, many of the men feel that there is a real connection between officer-IM relations and the control of venereal disease, judging by voluntary comments written on a blank page provided at the end of the questionnaire for "any comments, criticisms, or suggestions that you haven't had a chance to write about already."

Many of the comments were irrelevant to the problem of VD, and many others have been included in appropriate places throughout the present report. The officer-IM problem which remains cannot be discussed in terms of percentages, but some illustrative comments are appended here since the problem is important in the minds of some of the men.

The chief problem that the men see is that of <u>violation</u> of the privileges of rank. The situation can be paraphrased thus:

What's sauce for the goose is sauce for the gander. We should not be handicapped because of rank in our search for close women or in our ability to entertain them. And t is means using government vehicles, too. Our officers, as models of conduct, must not do things from which we are both restricted. Furthermore, if we get VD and if they get VD, there should be no difference in the censure or punishment mated out.

This paraphrasing comes from the following small group of comments, which were selected because they represent a larger group:

"We do not have dances, and our outfit has been overseas 28 months now. There are no decent girls to be with or near, so prostitution is prevalent. Officers each week fly the planes to Rome, Maples, etc., and bring back American girls--, WACs, nurses, civilian workers for dances -- and then 'shack-up' in their tent area rext to ours. Yet we are given lectures each week against bringing women into our area. In cases like the one just mentioned, good examples by officers are not set for enlisted men."

"As for the officers having all the WACs, I believe there is an A. R. out which states that an officer is not to associate with an enlisted WAC. Why isn't this A. R. adhered to? Give the Enlisted Men a chance to be with and talk to a few American WACs and also have a dance with them."

"A fellow can't actually criticize the Army, as he would be speaking are looked down upon too much by the officers. We are many times made to feel like something lower than a PN and I'm not exaggerating.

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I the something lower than a PN and I'm not exaggerating.

I the something betting or privileges. I can't blame a man at times for getting drunk to drown his sorrows, and during that time he may contact VD. If the high officials were as concerned as they make off to be, they'd check into these things. Too much talk and no eneigh dene."

"First there is too much difference in the privileges of EM and officers. GI's soldom have a chare of picking up an American WAC or nurse. The officers most always have transportation and can pick up the more desent Italian girls. They have better places to go. Better clubs, better drinks, and better living quarters. I think the most trouble is caused because of inefficient leaders. Most officers nover practice what they preach to their men."

"One day they give us a lecture on bringing babes in camp and shacking up. They said if we'd caught it was our ___. Next day the officers fly to Rome or other places, brought 'merican girls for a dance-- most of the time it was shacking-up in their tents, as we live next to them -- nice example -- lecture one minute and then turn around and do the opposite."

"Captain keeping women (Italian) in his quarters and eating better food than we do. Captain holding up our shows until he and his Italian friends are ready to see it."

"I do not fool with women in town on pass or any time I'm drinking. There are plenty of prostitutes hanging around where I work to satisfy me. Our organization has fought an efficier's war for twenty-eight months. They have a fine club, whiskey, dances with civilian U.S. women from Rome, with nurses, with native girls. We've had nothing. I don't blame the officers as a whole. Only the organization leaders, We've had no wholesome contact with women since we've been overseas. All our relations with women we have to sneak. Naturally we aren't thrown into contact with the better females. The only women I've talked to for two years have been wheres. Occasionally we see a Red Cross girl, but that doesn't ease the longing for female companionship. With a better chance at mild flirtations a little racking possibly, I think the disease rate would fall. So far, if we want female companionship we have to resort to prostitute. And it's rough to hear a good orchestra, laughter from the officers club. They seem to think we can remain colibates while they bask in feminine company."

"My are officers allowed to keep their service necords clear when the contract venereal disease by having their medical record marked with everything from a bloody nose to a strain? Is it beneath their dignity? The enlisted men are not stupid. They know that rank is no barrier to disease. It certainly does not make lectures on VD more convincing when the men know this condition exists."

"I don't believe that anyone ghould be reduced in grade because he has contracted a venercal disease. Sexual intercourse is part of nature and no one can change that. Of course, when officers contract VD they receive little or no punishment and certainly they are not reduced for misconduct. Men are promoted for their ability to get a job done and for leadership, so why should an officer be permitted to retain his grade after having contracted VD and a non-com be punished by reducing him in grade?"

"The only one thing wrong in Italy is a C. I. can't take a girl into his room all night, his pay doesn't allow him to force the female to go with him. And in this command women who are supposedly in love with the efficers shack up, stay in the same billets and set a hell of a lot better then enlisted men who are doing the job. They is it that when a soldier gets VD he's busted, yet you never hear of an officer's. I understand the officers are only our leaders and not our Gods. They should eat the same as we do -- they should live the same as we do and they shouldn't be allowed to live away from the camp. I know a lot of men who would like to settle down and marry a girl from Italy but because of a projudiced set of officers who think all women here are wheres, won't see it through. Yet they themselves stay months at a time with the same class woman."

III. CONCLUSIONS

Cortain impressions, suspicions, and inferences prise from the data and are the subject matter of this section. They lack the factual surety of the main findings given in a previous section. The difficulty with the main findings as given is that they seldom prove a causal relationship, they merely state what the relations are. For example, it is quite clear that the use of liquor, frequent intercourse, and poorer prophylactic practices are associated positively. A man who drinks tends to use poor prophylactic practices in his intercurse, and he has intercourse frequently. But this association does not indicate which, if any, of the three is causative of the other two. Perhaps there is another factor still unexplored and unreported in the study which is truly causal.

This is not to impugn the value of the study; scorer or later an investigator needs to know the relationships in as exact a form as possible so that sheer trial and error or planned trial and error (experimental) procedures can show him what causes what. This is the ultimate path to control, whether the problem is one in physics or one in society, such as the problem of VD centrol. Occasionally the more statistics of relationship, as presented in this study, give some immediate class as to what is causing what, thus enabling the person charged with an action program like that of controlling VD to abandon certain procedures as being unrelated and to attempt control through others without all the previous planned trial and error which would be desirable if there were lots of time and money and if human values could be ignored completely.

When 3 out of 4 soldiers engage in any given activity which the Army would like to control, the problem is numerically staggering. When it is an activity which is approved by the group as a whole, not only by a man for himself but for the other follow too, this powerful social sanction makes the activity almost uncontrollable. This is the apparent situation with regard to sexual intercours amoung these overseas men. The normal (in the sense of civilian) disapproval of intercourse is missing except as one is reminded by menories or by letters. It has been shown for instance, that having a loyal sweetheart somewhere else is not a powerful deterrent for all the men overseas, although it is for a minorit Under normal conditions this is one of the most powerful of sanctions, leading to abstinence from intercours, with other women.

There is a new set of accepted "rights" and "wrongs" in this overseas situation: it is right to have intercourse with any available woman, it is not wrong to get VD unless one fails to go on sick call, it is wrong to punish a mar for VD (even for repeated offenses, the men are divided in their judgements about punishing the offender), it is right to pay for intercourse (there is no insistence that it be on the civilian basis of at least affection, if not love), it is no disgrace to carry prophylactic equipment and others have a right to remind you to carry it. It seems not at all unlikely that the majority would far vor Army operated or controlled houses of prostitution had the question been asked, since 31 per cent of the men volunteered this as a solution to the problem of VD while overseas.

What is "right" or "wrong" in the soldier's view depends a lot on what the civil population will telerate. The particular population in which these MTCUSA soldiers move is quite telerant of sexual contacts between soldiers and civilians. Any soldier in the Theater of any color can probably relate dozens of instances when he was publicly approached by women or by male procurers. It is quite common in some Italian caties to see small boys bargaining competitively with each other before a soldier in hopes of accomplishing a contact between the soldier and a woman. The boys frequently allege she is their sister, and recitatedly her numerous physical charms.

Should a soldier merely want female companionship, this may be easily had if companionship means merely being with a woman. Hen, write that they just war to dance with, talk to, or be with a woman as a change from the eternal male society of the Army. Here again he is almost completely frustrated for a variety of reasons British or American Army girls are so few in number that he cannot hope to win one of them as a companion if even for one night a week. Also, it may become an entangling alliance in case he is one of the 30 per cent who are married or of the additional 20 per cent who have "loyal" sweethearts waiting at home. If he then turns to an Italian girl for companionship, he generally finds himself unable to talk to her beyond a few simple expressions. If he maintains the companionate or non-intercourse approach to the relationship, he is almost surely a frustrated man, and if he is tempted to shift the relation to a sexual one, he probably finds less registance than he was accustomed to in his pre-Arm experience. None of this is weltten in terms of "guilt" or "propriety"; these seem to be the facts of the shouation.

In this now social situation, it can be said that it is the peculiar man who refrains from intercourse if we look at the behavior from a strictly numerical point of view, for the great majority have intercourse (73 per cent of whites; 96 per cent of Negroes). There is no one characteristic that describes the man who refrains. This study shows a series of "more likely's;" none of them very large. The abstainer is more likely to be:

- (1) Married
- (2) A Protestant church member.
- (3) Older
- (4) Overseas a short time
- (5) More highly educated
- (6) Temperate in his use of liquor
- (7) Interested in tours, school or job training, and clubs

The man at the other extreme, the one who has intercourse at least three times a month, is semewhat more likely to be:

- (1) Unmarried
- (2) Younger
- (3) A non-church goor
- (4) Overseas a long time
- (5) Loss well oduated
- (6) More inclined to drink

- (7) Interested in finding a women and liquor when on pass, staying overnight in town, going to dances or parties.
- (8) Inconsistent in his use of a given prophylactic procedure
- (9) Loss inclined to worry about getting VD than other men who have intercourse
- (10) Iess stern in his attitude toward gold-bricking, AWOL; or failing to go on sick call when infected.

It is not ignorance of VD information that accounts for the difference in the behavior of the men, nor disinterest in the VD educational program that the Army uses. The movies and talks are endorsed by the majority of men, including those who have no intercourse at all. It is as though the men were saying, "Thanks for the information. I need it when I have intercourse over here. However, I may or may not pay attention to it."

The brief excursion into personality factors indicated that the ones examined here had little or no influence on the extent to which men had intercourse. These were the questions on: I feel that others don't like me, I can't get along with men in my company, I'm usually in low spirits, I dislike my Army job, etc. It may be that a more intensive analysis of men who are having intercourse would show how they differ in personality from men who abstain, especially those few men who are having intercourse, very frequently - every day or twice a day. Such men might indeed have deeply rooted psychological difficulties or differences.

However the men in this study are not having an unusual amount of intercourse at all for men of their average age (26 years). Any man of age 26, and certainly any married men in the Theater (30 per cert), can rightfully feel that he is being cheated sexually by this overseas situation, which is not of his making. The steady rise in frequency of intercourse with time overseas gives credence to this notion of being cheated from the sex life which society taught him was his as soon as he occame a man. Furthermore, only 10 per cent of all these men are having intercourse at least once a week, which certainly is not an indication of anything like abnormal sexual activity. The average frequency of once to twice per month is certainly not high if we can hazard guesses as to the probable frequency of intercourse for this group of men if they were in normal civilian life.

The suggestions to this point can be sumarized by saying that we, as investigators, should look upon intercourse as perfectly normal for men in this overseas situation. In view of the fact that 3 out of 4 white EM have intercourse, the Army would make a mistake in either charging these men with sexual abnormality or in treating them as such.

This leaves the problem of VD still untouched. The study shows that any men who has intercourse is a potential VD problem, which was obviously true, but the those who have most frequent intercourse do not have proportionately higher VD rates, which is not obviously true. This suggests that men who have most frequent intercourse are no more in need of prophylactic education than others.

The present educational program of repeated lectures, discussions, and movies until the men learn the material, with periodic reinforcement of this knowledge by new movies or new lecture material seems satisfactory to the great mass of the men. They say the movies and talks are OK or better, which should be approval enough regardless of protests from the minority (this study shows very few objectors to the VD program).

The ments remarks as to why they would not use any given prophylactic procedure, as contained in section 4, for any remarks which might be obtained in the future when new Fro-Kits or some other device are being tested), should be inspected for suggestions leading to possible technical changes. Their unfounded fears about sterility, kidney blocks, etc., should be answered by those truly most competent - the medical officers, not just any company officer. Likewise, the men's unfounded hopes that a new drug is the answer to the whole problem (22 per cent of the men said penicillin will cure all cases of Genorrhea and Syphilis) should be quickly countered by the truth.

Providing diversionary activities and facilities is all well and good, especially for men who have little or no intercourse. That is what they need and want. To assume that this will also reach the 18 per cent in the highest frequency of intercourse group and divert them is probably misleading; the data on what they do on pass and what facilities they want indicate that what they want most is something the Army does not supply - women for sexual purposes.

There is no evidence in this study that the problem of frequent intercourse and VD stems from lack of diversionary activities. This conclusion in no way can be interpreted as exclusing a failure to provide the men with as many activities and facilities as possible. It may be that intercourse and VD rates would mount rapidly without them because men who are now diverted would no longer be diverted. It may be, too, that some of the men in the middle groups would have even less frequent intercourse if more facilities were provided. The point is that there is a large number of men who want, first, women, and liquor, and then in the many hours of free time that remain access to other activities.

This report has failed to show any major ways in which VD might be reduced amoung soldiers within the framework of the Army's present control policy. The present efforts should be continued if ground is not to be lost in the fight for control of VD. It is conceivable that minor reductions in VD rates might be accomplished by discovering ways to bring group pressure or soldier opinion to beavegainst men who contract VD. There was evidence reported by some company office to the effect that VP rates in their companies dropped considerably after committees for VD control were set up amoung the EM themselves. These committees then brought heavy consure upon men who broke the Company's VD record, inquired into the circumstances, and took steps to see that no further infections occured

There is a big step that could be taken toward reducing VD, but it lies out side the present policy of the Army in controlling VD. That step is the reduction of VD in the civilian population of the Theater. It is perfectly obvious that if our soldiers enter the Theater free of VD, and that if the MP's and civilian authorities work together to eliminate VD from prostitutes, as they are

doing in some places, there still must be an important source of infection which is neglected. That source is the Italian male. In many parts of Italy there are free facilities available for infected women but there are few if any for mon. The present campaign in many cities to climinate VD from prestitutes is bound to fail so long as they have sexual contact with husbands, pimps, sweethearts, or other Italian men who have the purchase price and who carry VD that is virtually unchecked.

If it is considered impossible to set up such a VD control program, aimed not only at the female but at the Italian male as well, then the suggestion of a great many EM has considerable merit; set up GI houses where the women are kept as clear of VD as is possible by either direct Army action or at least by Army control through civilian agencies using Army medical supplies. These we-men would have to be rechecked after every contact with civilian males, if the situation were not exclusively for GI's. For many of the men who establish permanent, semi-permanent or temporary relations with a civilian girl, medical examination and treatment for VD should be provided upon the request of a soldier, and without any projudice.

The problem of providing billets for men on pass enters here. If it is supposed that the Army can not concievably take any steps for examining or treating the civilian population, it might still help the soldier to meet the Army's prophylactic standards ("Use a rubber; take a Pro"). A soldier who has no clean place to go with a girl, where there is running water, cannot take a Pro, as they sometimes remark.

The steps for eliminating VD in the civilian population would be the big steps in controlling VD. As the situation new stands for white TM, it can be expected that 4 cases of VD will appear rather relentlessly for each 1000 sexually contacts in ampopulation as highly infected as is that of Italy. With exposure rates mounting as troops have less and less to occupy their time, the outlook for reducing rates markedly within the present policy is not encouraging.